**MEETING OF THE WORKFORCE COMMITTEE**

**Thursday 6 February 2025**

**Equality Delivery System (EDS) 2022**

**1 Executive Summary**

The EDS is an accountable improvement tool for NHS organisations in England to review and develop their services, workforces and leadership. It is driven by evidence and insights.

The EDS2022 is the third version of the EDS, commissioned by NHS England and NHS improvement with, and behalf of, the NHS, with support from the NHS Equality and Diversity Council (EDC).

The EDS comprises of eleven outcomes spread across three Domains, which are:

1) Commissioned or provided services

2) Workforce health and well-being

3) Inclusive leadership

The EDS outcomes are evaluated, scored and rated using available evidence and insight. It is these ratings that provide assurance or point to the need for improvement. The EDS is designed to encourage the collection and use of better evidence and insight across the range of people with protected characteristics described in the Equality Act 2010 and so help NHS organisations meet the public sector equality duty (PSED) and to set their equality objectives.

The public sector equality duty is to eliminate discrimination, harassment, and victimization; advance equality of opportunity and promote good relations between different protected groups.

This year, the EDS provided an opportunity to collaborate with place partners, Leeds ICB and NHS providers to gather relevant Palliative and End of Life Care evidence for Domain 1. At LYPFT the Older People Services, Dementia and End of Life Care were audited. Evidence relating to Domain 2 and 3 was primarily obtained from the Health and Wellbeing Team and Trust’s governance team. A detailed scorecard is provided by NHS England for each of the eleven outcomes, which leads to a score for each domain. Details of our evidence and performance on each outcome are detailed in the appended report.

Appendix one details the EDS template with the supporting evidence and insights; appendix two the action plan, appendix three outlines the partnership approach taken by domain one, appendix four domain one stakeholder engagement, appendix five WRES and WDES report, Appendix 6 Freedom to Speak Up Annual Report.

**4 Scoring**

Each outcome is scored based on the evidence and insight provided, and then in relation to the score guidance for each domain [(see here for details)](https://www.england.nhs.uk/wp-content/uploads/2022/08/EDS-2022-ratings-and-score-card-guidance-v2.pdf) a score is agreed and added together to obtain a domain rating. For Domain 1 of the three services audited, the highest scored service – Older People Services, Functional wards 3&4 was used to give the overall Trust rating. Ratings in accordance with scores are listed in the table below. The scoring system enables improvement areas to be identified, and an action plan agreed.

| **Activity** | **Score** |
| --- | --- |
| **Undeveloped** activity – organisations score 0 for each outcome. | Those who score under 8, adding all outcome scores in all domains, are rated undeveloped.  |
| **Developing** activity – organisations score 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 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 3 for each outcome.  | Those who score 33, adding all outcome scores in all domains, are rated excelling. |

**The outcome for each Domain and an overall rating is as follows.**

1. Commissioned or provided services. Score of 7 out of a possible 12 rated as achieving.
2. Workforce health and wellbeing Score of 6 out of a possible 12 rated as developing.
3. Inclusive Leadership Score 3 out of a possible 9 rated as developing.

Adding all outcome scores in all domains gives us a total score of 16 out of a possible 33. Trust who scores between 8 and 21 are rated developing.

**Key issues, significant risks and mitigations**

This year we have taken a more robust and pragmatic approach to the EDS process. In some cases, this will result in a slightly lower EDS score. Integral to the EDS process is to address any disparities between the protected groups under the Equality Act 2010. This will involve the implementation of practical actions with the aim of improving staff and service experience.

We know from the analysis of data in our Equality Delivery System submission that there are a number of areas where the Trust will need to review and address over the coming months. These include:

**Domain 1**

* Regularly review our data to identify gaps in accuracy and address the disparities.
* Team members should have cultural knowledge to understand diverse perspectives of dementia needs at the end of life.
* Enhance an individual’s dementia care at all stages of their journey by involving families and service users in planning there are.
* Create opportunities for services and families to give feedback to improve services and care delivery.

**Domain 2**

* Ensure access to information about the protected characteristics of staff using Health and Wellbeing services
* Review and co-produce a basic monitoring form as an effective way to record who is accessing the main Health and Wellbeing services, and that staff are given support and resources to ensure that they feel confident in collecting staff data.
* Develop and implement an improvement plan to address Health Inequalities within the workforce - NHS England EDI Improvement Plan High Action 4
* FTSUG, Staff Side and HRBP’s and other key stakeholders collaborate on triangulating relevant bullying, harassment, abuse, discrimination data.

**Domain 3**

* Embed EDI and ensure it is mainstreamed as the responsibility of all regardless of role, and especially leaders and managers from front line to board.
* Review the EDI development needs of the board and managers across the Trust.
* Update the Trust’s Equality Objectives to ensure compliance with the specific equality duties under the Equality Act.
* Implement a talent management program to help improve the diversity and inclusivity on the Trust’s board.

**3 Responsibilities for delivery and governance**

Overall responsibility for the EDS lies with the Board. The proposed strategic EDI Group will have oversight of the EDS and the main mandatory EDI programmes. The responsibility for the improvement plan for Domain 1 is with the leadership and management of those Services and progress will be overseen by the Clinical Services Development and Delivery Group. For Domains 2 and 3 responsibilities will sit with the People and Organisational Development Directorate and regular updates on progress will be provided to the Workforce Committee.

The results of EDS reviews, and any action plan, should feed into service-based plans and corporate and strategic objectives. They should also contribute to longer-term equality objectives. Integral to EDS is the insights and meaningful engagement of staff networks and staff side representation.

It is important that the Trust uses the EDS as the core of their equality work and a contributary to strategies to address health inequalities.

**4 Conclusion**

The implementation of the EDS 2022 is mandatory as per the NHS contract and the framework was developed to support NHS organisations and commissioners to meet the requirements set out in the Equality Act 2010 and public sector duty (PSED).

The template below focuses on outcomes associated with domain 1, 2 and 3 and provides evidence and insight against all areas. The scores form the basis for the EDS improvement action plan and the EDS 22 template needs to be published on the website by the 28 February 2025. As noted above, the report scoring has been Peer Reviewed by representatives from the West Yorkshire ICB, Leeds Teaching Hospitals and Leeds Community Healthcare NHS Trust on 6 December 2024.

5 **Recommendation**

For the Workforce Committee to note the evidence and insights detailed in the attached EDS 2022 report template and to support the delivery of the action plan.

The Committee should note that the evidence and action plan must be published on the Trust’s website by 28 February 2025.

Tim Brown and Wendy Tangen

Interim Head of EDI and Clinical Inclusion Lead

February 2025

NHS Equality Delivery System (EDS)

|  |  |  |
| --- | --- | --- |
| **EDS Lead and Contributors** | * Tim Brown, Interim Head of EDI
* Wendy Tangen Clinical Inclusion Lead
* Dr Jonh Alderson, Consultant in Old Age Psychiatry and Clinical Lead
* Debbie Foster, Modern Matron for Dementia Inpatient Services, Wards 1&2
* Gary Poxton, Modern Matron, Mental Health Wards & Patient Capacity and Flow Team (OPS) Older People’s Inpatient Service
* Anthony Murphy, Older Peoples Services, Clinical Operational Manager. IHTT, CHS Teams, CDWT and West CMHT/ MAS
 |  |
|  |  |  |  | **\*List organisations** |
| **EDS engagement date(s)** | * 11th November 2024 – Peer Review
* November 2024 – January 2025 – Stakeholder Engagement
* 6th December 2024 – Peer Review
 | **Individual organisation**  | Leeds and York Foundation Partnership NHS Trust |
|  |  |  | **Partnership\* (two or more organisations)** |  |
|  |  |  | **Integrated Care System-wide\*** | NHS West Yorkshire Integrated Care Board |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date completed** | February 2025 | **Month and year published**  | February 2025 |
|  |  |  |  |
| **Date authorised**  |  | **Revision date** |  |
|  |  |  |  |

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 correctlyScore each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below |
|  |
| **Undeveloped activity** – **organisations score out of 0** for each outcome | Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**  |
| **Developing activity** – **organisations score out of 1** for each outcome | Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing** |
| **Achieving activity** – **organisations score out of 2** for each outcome | Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving** |
| **Excelling activity** – **organisations score out of 3** for each outcome | Those who score **33,** adding all outcome scores in all domains, are rated **Excelling** |

**Domain One Commissioned and Provided Services**

Older People Services – Dementia Inpatient Wards 1 and 2

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 | * The Old People Services review offers from different service areas which have locality boundaries to ensure there is an equitable offer to people across the city to meet their care needs.
* The wards are not geographically based and take admissions from across the city. People access the OPS at their point of need. Referrals are accepted from system partners in Primary Care, colleagues in Leeds Teaching Hospitals Trust and from the Liaison Psychiatry Service in LYPFT. People may also self-refer through the crisis team and IHTT. The Enhanced Care Response in Leeds, an initiative managed by Leeds Community Healthcare (LCH) is now called “HomeFirst” and people in this LCH-led pathway can be referred directly into any of the service lines in the OPS.
* The inpatient service does not have a waiting list. However, if a service user is assessed and requires a hospital admission an alternative bed is sourced via the functional ward or out of area placement.
* There are few occasions where the wards are required to take an admission from out of area. Although, this is not common. As soon as a bed becomes available in the personal local service, they will be transferred back to the Trust that is responsible for care delivery.

**How the service fits into the wider care pathway:*** Care Homes Service (includes ICHT)
* Complex Dementia Wraparound Team
* IHTT (CRISS overnight)
* OPS CMHT
* Liaison Psychiatry
* Dementia and Mental Health Liaison Practitioners
* The inpatient teams will also work closely with residential and care home providers, Integrated Neighbourhood Teams and the Local Authority in planning discharge.

 **General** * All policies have an Equality Impact Assessment
* Multi-faith chaplaincy supports available
* Accessible Information Standard Policy
* Rainbow lanyards
* Patient Advice and Liaison Service
* Patient Experience and Involvement team
* Interpreting and Translation Procedure
* Volunteers Policy
* Single Sex Accommodation policy
* Transgender procedure for service users
 | Developing 1 | Older People Services |
| 1B: Individual patients (service users) health needs are met | Multi-disciplinary team and partnership working to ensure service users care is appropriate to their needs. **Service aims:*** We aim to include service users and their families/carers as much as possible in the decision-making process with regards to their care. The aim of this is to promote independence and collaboratively develop a person-centred care plan with service users and their carers.
* We aim to minimise risks associated with presentation and diagnosis whilst optimizing wellbeing
* Often services users have a medication review and may be started on a different treatment regime.
* Formulate a person-centred care plan to understand the underlying contributory factors to their presentation and which can follow the person into further care settings or home, to inform future care
* At the point of discharge or transfer of care we support the individual and their family to identify future options for care, including returning home
* We work collaboratively with the MDT, service users, carers and outside agencies to enable us to provide quality person-centred care.

**Service outcomes:****Possibly to include Leeds Plan outcomes:*** People living with severe frailty will be supported to live independently at home whenever possible, instead of having to go in and out of hospital.
* We will ensure that patients get the best value medicines.
* Support to live well with dementia and with mental health problems for Service Users and carers.

Reflecting on the service users who were on end-of-life care on our wards, we feel that there was good communication with family members / carers, and they were kept updated with open and honest conversations throughout their loved one cares. We made sure as early as possible in the process that wishes and preferences were taken into account, including practicalities of the funeral home of choice so staff knew who to ring and what to do at that moment.  | Achieving 2 | Older People Services |
| 1C: When patients (service users) use the service, they are free from harm | * We work with people with dementia (moderate to severe stages), often experiencing the Behavioural & Psychological Symptoms of Dementia (BPSDs) whose needs are unable to be met safely in the community.
* We carry out specialist holistic assessments which include cognitive, functional, medical, environmental and relational aspects of the person’s current presentation. The team have swarm huddles weekly, which is to look at any patient-on-patient assaults on the ward, to look at incidents in general and if there are any themes we can highlight. We are in the early stages of re-implementing falls huddles across the dementia service.
* Incident and learning – team reflections and support and learning sharing with team via clinical information forums, formulations, supervision and safeguarding reviews. These are held with our multidisciplinary team.
* The team do not receive any specialist training however do receive external support from our colleagues at LCH.

**General** * Critical Incident Staff Support Pathway (CrISSP) - this is a service offered by the Trust where trained facilitators support staff who’ve been involved in a potentially traumatic or stressful event at work.
* Patient Safety Incident Response Framework (PSIRF) -ongoing
* Clinical, management and safeguarding supervision procedures.
* Governance framework and reporting processes.
* PALS and Complaints Procedure
* Duty of Candour
 | Achieving 2 | Older People Services  |
| 1D: Patients (service users) report positive experiences of the service | **Clinically agreed outcome measures:**Patient Rated Outcome Measure:The Alzheimer’s Disease-related Quality of Life scale (QoL-AD), Patient Rated Experience Measure:Patient Experience Questionnaire (NCHC) - 6 item questionnaireClinician Rated Outcome MeasureClinical Global Impression Scale (2 Questions)* Number of Incidents and Level of severity of harm are low.
* Friends and family test data.
* A Patient charter is being developed across all OPS inpatient services.
* The service receives a number of compliments each month.
* There has been 1 complaint in the past 12 months for the dementia service.

**General** * Local survey
* DATIX data
 | Developing1 | Older People Services  |
| **Domain 1: Commissioned or provided services overall rating** | **6** |  |

Older People Service – Functional Wards 3 & 4

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** | * The Mental Health wards are not geographically based and take admissions from across the city of Leeds where the individual is registered with a Leeds GP.
* The wards support the needs of people aged 65 and over with acute mental health needs. There are occasions when people can be admitted who are not yet 65 if their needs are deemed more appropriate to be met by and older peoples service.
* The Mount has 80 beds in total but currently has a temporary bed reduction in place operating 70 beds. For the mental health wards this is 21 female beds and 20 male beds.
* The inpatient service does not have a waiting list. Sometimes there are waits if beds are not available or if theright bed is not available. In these scenariospatients are either admitted into an alternative bed i.e. Female functional patient into a female dementia bed or a bed may be sourced out of area.

**How the service fits into the wider care pathway:**Care Homes Service (includes ICHT)Complex Dementia Wraparound TeamIHTT (CRISS overnight)OPS CMHT Liaison PsychiatryDementia and Mental Health Liaison PractitionersThe inpatient teams will also work closely with residential and care home providers, Integrated - - Neighbourhood Teams and the Local Authority in planning discharge.* Referral demographics are recorded on Care Director however data analysis shows gaps in recording of sexual orientation, religion and ethnicity.
* A service improvement plan is in place aligned to service survey results.
* All staff have access to e-learning Introduction to Living with Dementia.

**General** * All policies have an Equality Impact Assessment
* Multi-faith chaplaincy supports available
* Accessible Information Standard Policy
* Rainbow lanyards
* Patient Advice and Liaison Service
* Patient Experience and Involvement team
* Interpreting and Translation Procedure

 Volunteers Policy* Single Sex Accommodation policy
* Transgender procedure for service users
 | Developing 1  | Older People Services |
| **1B: Individual patients (service users) health needs are met** | * Multi-disciplinary team and partnership working to ensure service users care is appropriate to their needs.

**Service aims:*** We aim to include service users and their families/carers as much as possible in the decision-making process with regards to their care. The aim of this is to promote independence and collaboratively develop a person-centred care plan with service users and their carers.
* We aim to minimise risks associated with presentation and diagnosis whilst optimizing wellbeing
* Often services users have a medication review and may be started on a different treatment regime.
* Formulate a person-centred care plan to understand the underlying contributory factors to their presentation and which can follow the person into further care settings or home, to inform future care. This is done with an MDT approach and the person/family/carer involvement.
* At the point of discharge or transfer of care we support the individual and their family to identify future options for care, including returning home
* We work collaboratively with the MDT, service users, carers and outside agencies to enable us to provide quality person-centred care.
* Where patients or family/carers have experienced loss, we support them to access bereavement services and / or carer support.

**Service outcomes:****Possibly to include Leeds Plan outcomes:*** People living with severe frailty will be supported to live independently at home whenever possible, instead of having to go in and out of hospital.
* We will ensure that patients get the best value medicines.
* Support to live well with dementia and with mental health problems for Service Users and carers.

**T**here have been no inpatient deaths in wards 3 and 4 during the timeframes required to report on.  | Achieving 2 | Older People Services |
| **1C: When patients (service users) use the service, they are free from harm** | * We work with people with functional MH problems (Depression, Anxiety, Schizophrenia/Psychosis and Personality Disorders), where the associated risks can’t be managed in the community.
* We carry out specialist holistic assessments which include cognitive, functional, medical, environmental and relational aspects of the person’s current presentation. The teams have daily MDT huddles so any significant concerns that have arisen can be addressed.
* Incident and learning – team reflections and support and learning sharing with team via clinical information forums, formulations, supervision and safeguarding reviews. We follow the new PSIRF framework recently implemented by LYPFT.
* The teams receive support from palliative care teams and the hospice teams when we are caring for someone at the EOL. Our EOL care plans are supported by the palliative care teams, and they are always very responsive to support our patients during the latter stages of EOL care. Some individuals through special interests have carried out extra EOL care training. There is one member of the nursing team on Ward 4 that has done this.
* We also have access to geriatrician support on a weekly basis to support our assessments of palliative patients.
* As a patient approaches the latter stages of palliative care and particularly the stage that is deemed EOL then we often implement Within Eyesight Observations (WES). This enables the dying patient to pass peacefully with no risk from other unwell patients entering their space. This is usually done in conjunction with family/carers.
* Bedrooms are locked when a person passes away until the body can be safely removed.

**General** * Critical Incident Staff Support Pathway (CrISSP) - this is a service offered by the Trust where trained facilitators support staff who’ve been involved in a potentially traumatic or stressful event at work.
* Patient Safety Incident Response Framework (PSIRF) -ongoing
* Clinical, management and safeguarding supervision procedures.
* Governance framework and reporting processes.
* PALS and Complaints Procedure
* Duty of Candour
 | Achieving 2 | Older People Services |
| **1D: Patients (service users) report positive experiences of the service** | **Clinically agreed outcome measures:**Patient Rated Outcome Measure:* ReQoL is the PROM used across the mental health wards, measuring recovery and wellbeing
* Have your say feedback is gathered each month and patients have a community meeting weekly where they can share their views. We adopt you said we did approach to supplying feedback to the patients.
* The overarching feedback via have your say is generally very positive around patient care, the environment, activities on offer and the food offered.
* Number of Incidents and Level of severity of harm are low.
* A Patient charter is being developed across all OPS inpatient services.
* Compliments are recorded on Datix when received, shared with the teams and the Senior Leadership Team.
* Across both the MH wards there have only been 4 complaints this year. These were formal complaints and the Trust’s complaints procedure was followed and learning from the outcomes were discussed in team meetings and the local CIF where appropriate.

General * Local survey
* DATIX data
 | Achieving 2 | Older People Services |
| **Domain 1: Commissioned or provided services overall rating** | **7** |  |

Older People Services – Care Homes

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** | * Intensive Care Home Treatment Team (ICHT) is an intensive service commissioned to respond to urgent referrals if required within 4 hours. All other referrals are to be seen with 24 hours. The current average wait time for ICHTT from referral to first F2F contact over the past 12 months is 1.5 days. This is over commissioned 24 hours due to Inpatients in both the mental health wards and physical health wards in Leeds referred in advance of discharge from the inpatient setting for discharge transition support. Care Home Treatment (CHT) is the generic care home service to support the ongoing needs of residents in a 24-hour care setting. The CHT do not have any associated KPI’s/ quality markers which is something LYPFT are looking to address/ implement. The current average wait time for the CHT from referral to first F2F contact over the past 12 months is 29 days.
* The CHS teams accept/ triage referrals from across the city of Leeds from both secondary and primary care services. The service will also accept direct referrals from the care home settings and self-referrals for support.
* The CHS do not operate a waiting list- referrals are all triaged and accepted/ rejected as clinically appropriate. All rejected referrals are either signposted to alternative support options and rationale as to why they do not meet the services criteria for input fed back to the referrer.
* All staff have access to e-learning Introduction to Living with Dementia.
* Referral demographics are recorded on Care Director however data analysis shows gaps in recording of sexual orientation, religion and ethnicity.

 **General** * All policies have an Equality Impact Assessment
* Multi-faith chaplaincy supports available
* Accessible Information Standard Policy
* Rainbow lanyards
* Patient Advice and Liaison Service
* Patient Experience and Involvement team
* Interpreting and Translation Procedure
* Volunteers Policy
* Single Sex Accommodation policy
 | Developing 1 | Older People Services |
| 1B: Individual patients (service users) health needs are met | * Following all bereavements of clients under the care of the CHS, a Datix is completed alongside a duty of candour sympathy letter forwarded to family.
* Appropriate bereavement support/advice available from the third sector is provided to support families.
* Psychological interventions are offered within treatment plans where appropriate.
* Discharge planning and care coordination is done in a timely manner.
* A service improvement plan is in place aligned to service survey results.
* Friends and Family test reports available.
* Reasonable adjustments/Accessible information Standards are in place for Interpretation. Information leaflets/ sheets available is a wide range of languages.
* No formal complaints logged regarding the CHS in the past 12 months.
* Compliments logged on the Datix system in the past 12 months re the CHS.
 | Achieving 2 | Older People Services |
| 1C: When patients (service users) use the service, they are free from harm | * Risk assessments are carried out with all Care Home service users and care plans reflects interventions to support and mitigate against risk identified.
* A multi-agency/disciplinary approached is provided for service users who identifies with multi complex needs, to ensure information sharing and expertise. And for timely referral for specialist care
* Incident and learning – team reflections and support and learning sharing with team via clinical information forums, formulations, supervision and safeguarding reviews.

**General** * Critical Incident Staff Support Pathway (CrISSP) - this is a service offered by the Trust where trained facilitators support staff who’ve been involved in a potentially traumatic or stressful event at work.
* Patient Safety Incident Response Framework (PSIRF) -ongoing
* Clinical, management and safeguarding supervision procedures.
* Governance framework and reporting processes.
* PALS and Complaints Procedure
* Duty of Candour
 | Achieving 2  | Older People Services |
| 1D: Patients (service users) report positive experiences of the service | * Patient centred care focuses on providing care that is responsive to individual preferences, needs and values.
* Service’s annual quality reports evidence good practices
* Friends and family test data.
* Number of Incidents and Level of severity of harm are low.
 | Developing 1 | Older People Services |
| Domain 1: Commissioned or provided services overall rating | 6 |  |

Domain 2: Workforce health and well-being

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 | The Trust has a comprehensive Health and Wellbeing programme. The wellbeing of staff is a Trust priority and staff receive support to feel safe, healthy and well both physically and psychologically.The Wellbeing support offer includes: **Wellbeing Wednesday newsletter,**our monthly newsletter, shares all current health and wellbeing offers to our people.  **Wellbeing Assessment**is a routine part of your professional development plan.  **Staff programmes** reward and recognition, yoga, football team and staff smokefree service  **Occupational Health** is a distinct branch of preventative healthcare that specialises in the relationship between work and health.   * **Fast Track Physiotherapy** with our in-house therapist
* Fast Track appointments for work-related stress and menopause
* Access to regular physical health checks

**Employee Assistance Programme:**Independent of the Trust and the NHS, it offers help and support with a range of work, family, and personal issues.  * 24/7 support for yourself and your immediate family for: Legal information, housing concerns, childcare support, retirement, bereavement, stress and anxiety, relationship advice, tax information, domestic abuse, alcohol and drug misuse.
* Counselling and extensive CBT programmes
* Access to free legal advice

**Confidential support** – through our Freedom To Speak Up Guardian network and our Chaplaincy service. **Wellbeing Hubs** – offer intensive individual help for burnout, stress and trauma alongside a staff support line. **Critical Incident Support (CRISSP)** – a team of staff specifically trained to offer post-incident peer support meetings to colleagues and teams involved in critical incidents. They offer confidential, practical, emotional and social support at times of work-related crisis. **Leeds Recovery College** – Provides free workshops, courses, and training to explore, improve and maintain our mental health and wellbeing.  These include:  * Wellness Recovery Action Plan workshops.
* Staff retreats – topics include Know your values, Create healthy boundaries, Your body talks, Are you listening, and Choosing happiness and self-care.
* Mindfulness session – sound baths and creative craft sessions.

**Welfare Officer** – Defence Medical Welfare Service (DMVS) offers help to any staff member needing support during stressful and uncertain times.   **Financial wellbeing Support** – a range of financial support offers include:  * Money Buddies – a scheme that can help you save money, increase your income, and advise in times of financial hardship.
* Wage Stream – gives you access to a percentage of your pay whenever needed.
* Financial Support Fund – a dedicated fund designed to support staff who may be struggling due to the cost-of-living crisis with a one-off payment.
* Salary Finance – access to loans, budget planner and saving calculator
* *The Trust provides in-direct support to help staff manage obesity, diabetes, asthma, COPD. This is an area for improvement in 2025.*
 | **Achieving** **2** | People and Organisational Development Directorate  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source  | * The main evidence to determine the prevalence of bullying, harassment and abuse experienced by LYPFT staff was initially taken from:
1. NHS England Workforce Race Equality Standard (WRES)
2. NHS England Disability Equality Standard (WDES)
3. Freedom to Speak up Guardian annual report
4. NHS Staff Survey
* The WRES and WDES annual report is attached in Appendix 2
* The Freedom to Speak Up annual report is detailed in Appendix 3.

**National Survey Data 2023**In depth analysis of nine questions relating to civility and respect. * In percentage terms bank staff are having a poorer experience than substantive staff
* 23.4% of Bank staff compared to 11.2% substantive staff experience Bullying, Harassment and Abuse
* Staff within the ‘All BME’ group are having the worst experience of bullying, harassment and bullying from the public, colleagues and managers than white colleagues.
* Staff with a long-term condition are more likely to experience incivility and disrespect and higher levels of bullying and harassment from colleagues.

The Freedom to Speak Up annual report and update to the Board on 28 November 2024 highlighted the following themes and numbers of incidents between 16th October 2023 and 15 November 2024:

|  |  |
| --- | --- |
| **Number of Concerns formally raised**  | **Themes**  |
| 20 | Inappropriate behaviour and bullying |
| 14 | Discrimination based on race, gender or disability  |

*LYPFT acknowledges that to improve the EDS* score *for this Domain it will need to explore bringing all the relevant data sources together for analysis. This approach will enable the Trust to better identify trends and themes as well as appropriate interventions to address the issues of bullying, harassment, discrimination and abuse.**The key stakeholders for this Domain include HR, Freedom to Speak Up, Staff Side and representatives from Clinical Services / Datix team.*  | **Developing** **1** | **People and Organisational Development** |
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | * The evidence that is being relied upon to answer this outcome is as follows: -
* Freedom to Speak Up Guardians (including Freedom to Speak Up Ambassadors in place)
* Staff Side / Trade Unions
* HR
* Staff Networks
* Employee Assistance Programme (EAP)
* Patient Safety and Incident Response Framework (PSIRF).
* West Yorkshire Wellbeing Hub

The Trust has a Values and Behavioural toolkit which has been developed collaboratively to help ensure staff are clear about the expected behaviour and feel enable to appropriate challenge colleagues if their behaviour is not reflective of the Trust’s values / behaviours. * Other supporting policies include:
	+ Bullying, harassment, and victimisation Policy
	+ Disciplinary Policy
	+ Grievance Policy
	+ Freedom to Speak Up Policy
	+ Equality, Diversity and Human Rights Policy
	+ Gender Transition at Work policy
	+ Framework for Personal Responsibility
	+ Patient Safety and Incident Response Framework (PSIRF).

*LYPFT acknowledges that to improve the EDS rating for this Domain it will need to evidence having a more consistent approach to equality and diversity monitoring.* *This will help to determine the extent of any disparity of access, experience and outcome for all staff groups.*  | **Achieving** **2** | **People and Organisational Development** |
| 2D: Staff recommend the organisation as a place to work and receive treatment | * Findings from indicator KF1 in the NHS staff survey for this question are as follows: -

 * + In 2023, 67.4% of staff would recommend our organisation as a place to work, against an NHS average of 65.6%.
	+ In 2023, 62% of staff would be happy with the standard of care provided by LYPFT against an NHS average of 65.2%.
	+ In 2023, 66.3% of white staff would recommend LYPFT as a place to work compared to 76% BME staff.
	+ In 2023,60.3% White staff would be happy with the standard of care provided by the Trust compared to 71.3% BME staff.

*LYPFT acknowledges that to improve the EDS rating for this Domain it will need to evidence meeting the 70% threshold for staff recommending the Trust as a place to work and receive care. Initial discussions have taken place to explore having a deep dive into the NHS Staff Survey data and to encourage more people to complete an Exit Interview.* *Additional insights may be gained by hosting Focus Groups with the staff network members and reviewing sickness absence data.*  | **Developing** 1 |  |
| **Domain 2: Workforce health and well-being overall rating** | **6** |  |

Domain 3: Inclusive leadership

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Domain** | **Outcome** | **Evidence**  | **Rating** | **Owner (Dept/Lead)** |
| ***in 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 | * The Trust Chief Executive and Board members have agreed SMART EDI objectives and champion key Equality and Health Equity messages throughout the Trust.
* Chief Executive and Executive Board members sponsor the three Staff Networks.
* EDI Mandated Reports are discussed at Workforce Committee e.g. WRES, WDES, EDS and Gender Pay Gap
* People Analytic Report presented to the Board
* Improving Health Equity Strategy presented to the Board
* EDI Awareness Days communicated across the Trust

*LYPFT acknowledges that to improve the EDS score for this Domain it will need to reintroduce an EDI Strategy Group with oversight of the key EDI and Health Equity deliverables and the Trust’s Equalities objectives*  | **Developing 1** | **Executive Board**  |
| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | * EDI and /or health equity are discussed in most Board and committee meetings. The Board and relevant Committees receive mandated reports on Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), Gender Pay Gap (GDP) and Equality Delivery System (EDS).
* Reports to the Board and Committees contain equality and health inequalities related impacts and how they will be mitigated and managed.

*LYPFT acknowledges that to improve the EDS rating for this Domain it will need to implement a more robust Equality and Health Equity Impact Assessment and governance process.*  | **Developing 1** | **Executive Board** |
| 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 | * The Board members and senior leaders routinely receives the mandated reports such as the WRES, WDES, GPG and EDS along with Patient Service data and these are typically benchmarked against other NHS Trusts.
* The Board is aware of the NHS England EDI Improvement Plan – 6 High Impact Actions
* The Board is aware of the Trust’s legal and contractual EDI and health inequalities obligations
*

*LYPFT acknowledges that to improve the EDS score for this Domain it will need to strengthen the EDI governance by aligning the NHS England EDI Improvement Plan High Impact Actions with the Trust People Plan and WRES/WDES/GDP/EDS action plans along with establishing a strategic EDI Strategy Group.*  | **Developing 1** | **Executive Board** |
| **Domain 3: Inclusive leadership overall rating** | **3** |  |

|  |
| --- |
| **Third-party involvement in Domain 3 rating and review** |
| **Trade Union Rep(s):** | **Independent Evaluator(s)/Peer Reviewer(s):** |

|  |
| --- |
| EDS Organisation Rating (overall rating): 16 |
| Organisation name(s): LYPFT |
| 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** |

This score rated the Trust overall the EDS 2022 as Developing

Individual scores, domain rating and assessor recommended EDS 2022 actions, follow in this report.

**Action Plans**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 quality of data collation and analysis to inform decision making and improve outcomes | Review data regularly to identify and address gaps in accuracy. Upskills team members in recording data and analysis. | December 2025 |
| 1B: Individual patients (service users) health needs are met | Foster cultural competence within teams to enhance inclusivity, collaboration and equitable outcomes for service users within their dementia journey. | Team members to be trained in cultural awareness with a focus on understanding diverse perspectives, reduce biases, promoting effective cross-culture communication. Collaborate with diverse communities to better understand their needs and perspectives. | December 2025 |
| 1C: When patients (service users) use the service, they are free from harm | Ensure that individuals with dementia receive compassionate, patient-centred care during all stages of their journey, including end-of life care, with a focus on safety, dignity and minimising harm | Provide specialised training for team members on dementia care and end-of-life care practices. To include recognising pain in non-verbal service users, de-scalation techniques, and person-centred care. Involve family members in the care planning to align with the service user preferences and cultural values. Address spiritual, and physical care alongside psychological, emotional needs.Provide resources and signposting to families for counselling to help them understand dementia progression and end-of-life processes.  | December 2025 |
| 1D: Patients (service users) report positive experiences of the service | Enhance the quality of dementia and end-of-life care to ensure service users and their families report positive experiences, of compassion, dignity and individualised support. | Create opportunities for service users and families can give feedback and share concerns without judgement. Use feedback to identify strengths and areas for improvement in service delivery. Encourage the use of life stories, where service users can share memories, preferences and experiences that can be incorporated into care planning to ensure service users feel valued and understood. | December 2025 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 | 1. Increase the monitoring of staff health with protected characteristics.
2. Increase information available for the self-management of listed conditions.
3. Develop and implement an improvement plan to address health inequalities within the workforce
 | * Review and co-produce a basic monitoring form as an effective way to record who is accessing the main Health and Wellbeing services, and that staff are given support and resources to ensure that they feel confident in collecting staff data.
* Develop and implement an improvement plan to address Health Inequalities within the workforce - NHS England EDI Improvement Plan High Action Plan
* Health and Wellbeing team provide self-accessible health information to support staff to self-manage obesity, asthma, COPD, diabetes and mental health conditions.
 | June 2025July 2025July 2025 |
| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source  | 1. Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occurs
 | * Promote and proactively discuss LYPFT Values and Behaviours at Team meetings.
* Pilot and roll out Cultural Competence and Humility Training across LYPFT
* Re-convene the work of the Violence Reduction Group
* Implement WRES and WDES plans to reduce B&H year on year.
* Co-produce anti racism statement and implement the PCREF.
* FTSUG, Staff Side and HRBP’s and other key stakeholders collaborate on triangulating relevant workforce data and co-producing appropriate interventions.
 | From April 2025March 2025April 2025April 2025October 2025 |
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | 1. Improve the support available for staff outside of their line management structure around bullying, harassment, abuse and violence from any source.
 | * Promote the Freedom to Speak up Guardian service across LYPFT.
* Increase the number and diversity of Freedom to Speak Up Ambassadors across LYPFT.
* Review, Promote and Support the use of an Equality and Diversity monitoring form for LYPFT and external support services.
* Review and implement a communication and engagement plan to promote services that support staff experiencing bullying, harassment, verbal and physical abuse across LYPFT.
 | From March 2025October 2025June 2025August 2025 |
| 2D: Staff recommend the organisation as a place to work and receive treatment | 1. Increase quality of exit interview data available
 | * In collaboration with People and OD Directorate improve Exit interview completion rates for staff with protected characteristics – Jo Third.
 | August 2025July 2025 |
| 1. Review and deep dive into the NHS staff survey data to help understand the reasons why staff are not recommending LYPFT as a place to work or receive care.
 | * Collaborate with POD stakeholders and staff networks to deep dive into relevant workforce and patient service data to co-produce key actions to address why staff are not recommending the Trust as a place to work or receive treatment.
 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 | 1. Meeting LYPFT Legal and Contractual EDI and Health Inequalities obligations – Beyond Compliance
 | * EDI as recommended by the Messenger Review must be embedded and mainstreamed as the responsibility of all regardless of role, and especially leaders and managers from front line to board.
* Review the EDI development needs of the board and managers across the Trust and develop appropriate interventions to address these needs.
* Update the Trust’s equality Objectives to ensure compliance with the specific equality duties under the Equality Act.
* Implement a talent management program to help improve the diversity and inclusivity on the Trust board and Senior Leadership Teams.
* Re-start EDI Strategy Group focusing on receiving assurance on the NHS EDI Improvement Plan 6 High Impact actions and EDI objectives.
* Co-produce an EDI dashboard comprising of key Workforce and Services KPI’s.
* Scope and implement a participatory EDI Board Development session
 | November 2025September 2025August 2025 December 2025October 2025November 2025November 2025 |
| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | 1. Improve the quality of health inequalities and equality impact assessments in business cases.
 | * To provide equality and health inequality impact assessment training and support for managers and leaders across LYPFT.
* To review and recommend Equality and Health Inequalities are standing items and discussed in Board and Committee meetings to improve the key EDI and Health Inequalities KPI’s.
 | From August 2025September 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 | 1. To ensure robust approach to tackling health inequalities at senior level.
2. Ensure accountability of senior leaders to support tackling health inequalities and creating a truly inclusive LYPFT.
 | In collaboration with Health Equity Team implement – NHS Confederation Leadership Framework for Health Inequalities - <https://www.nhsconfed.org/articles/leadership-framework-health-inequalities-improvement> .Each Board member and VSM (Band 8C+) to have formalised SMART EDI objectives relating to workforce and or tackling Health inequalities, with an annual submission for accountability purposes.The EDI Team to offer support to Division / Services wanting to develop a SMART EDI objective as part of their Intention Plans. Board members to receive the necessary support to help them to demonstrate how data and lived experience have been utilised to improve organisational culture. Board members to receive support to help with reviewing relevant data to establish EDI areas of concern and prioritise action | August 2025July 2025April 2025August 2025September 2025 |

#