Classification: Official

Publication approval reference: PAR1262

NHS Equality Delivery System 2022

EDS Reporting Template

Version 1, 15 August 2022

Contents

Equality Delivery System for the NHS..... 2

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/

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

The EDS Report is 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 and published on the organisation's website.

NHS Equality Delivery System (EDS)

Name of Organisation	**Countess of Chester Hospital NHS Foundation Trust**	**Organisation Board Sponsor/Lead**
		Chief People Officer Director Of Nursing and Quality
Name of Integrated Care System	Cheshire and Mersey ICB	

EDS Lead	Equality Diversity and Inclusion Coordinator		**At what level has this been completed?**	
				***List organisations**
EDS engagement date(s)	13.12.2024 and 22.01.2025		**Individual organisation**	Countess of Chester Hospital NHS Foundation Trust
			Partnership* (two or more organisations)	Cheshire West & Chester Council Healthwatch
			Integrated Care System-wide*	

Date completed	22.01.2025	**Month and year published**	28.02.2025
Date authorised	11.02.2025	**Revision date**	22.01.2025

Completed actions from previous year	
Action/activity	**Related equality objectives**
Explore opportunities for leadership development for staff with other protected characteristics	Twelve BAME colleagues attended the Elevate leadership programme.
Continue to develop the campaign to highlight the positive steps we are taking towards becoming a truly inclusive place to work	Opened the Wellbeing Hub, Launched civility roadshow and pocketbook.
Our intranet site will host a diversity and inclusion dashboard that will enable colleagues to explore our diversity representation.	Quick link to EDI tools, information and Staff networks.
Look to enhance the support we are providing as we develop our system working approach, continuing to address emerging mental wellbeing issues that arise from the COVID-19 pandemic and our work on inclusion	Wellbeing Strategy launched

EDS Rating and Score Card

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

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

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

Domain 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Complaints: Patients and advocates have access to the PALS and complaints service by: visiting the PALS office, emailing in to the service, telephoning the service, and writing into the service. Any complaints about care services sent to the CEO managed by the complaints team. Additionally, if concerns are raised on the Trust's social media accounts, the communication team redirect the complainant to the complaints service (as appropriate). The Trust has posters, leaflets, banners and an up-to-date web page which provide patients / relatives with information about the process and the contact details required. Trust staff have information and signpost to the service as required. Most complainants however do not wish to complete Protected Characteristics (PC) proforma, so there is an unclear understanding of the protected characteristics of complainants. Upon acknowledging a complaint, the service asks if any reasonable adjustments (such as dyslexic friendly letters) are required. If flagged, these are acted upon. Complainants are signposted to Healthwatch as an advocacy service during the acknowledgement stage of the process. There has been no feedback identifying that there is difficulty for accessing the service (with or without a protected characteristic). The service reviewed and revised its Complaints Policy and completed an EIA in 2024 and will refresh this in 2025.	2	Jodie McIlwain Head of Complaints Fiona Altintas Deputy Director of Nursing

		Patient Safety: Patients can raise concerns about their experience of safe care by speaking to a member of the care team, via complaints / PALS, using the MHRA Yellow card. The Trust is also conducting a Pilot for Marthas Law and Pilot C4C Call for Concern. Some patients choose to make legal representatioin through the Claims process or raise issues indrectly with the Trust via the CQC. Collaborative working with agencies including Healthwatch is undertaken via enter and view, sit and see observation. Patients are informed of patient safety incidents via Duty of candour for moderate harm and greater. Patients can alos provide feedbcak via tha Friends and Family Test feedback mechanism available to all patients via SMS text, postcard and Interactive voice mail. Matrons conduct drop in sessions and ward managers undertake a daily check. Patients may also report safety care concerns via their GP/ MP/ ICB / Social media NHS review systems Maternity patients my also raise concern via Maternity Voices and Neonatal Partnership, other patents and families experiencing canver my visit the Macmillan Cancer services on site at main Trust. Interpretation services. The trust has requested 45 different languages, with an increase in demand for this service of 20% on 2023's usage.The trust has observed increased use of its non-spoken language services.		
	1B: Individual patients (service users) health needs are met	Complaints benchmarking data shows that the Trust undertakes fewer formal complaints than neighbouring trusts and therefore also upholds less complaints. The Trust monitors the number of complaints, re opened complaints and complaints referred to the PHSO and undertakes analysis on this data. Lessons learned are themed and triangulated and reported to Trust Board. The trust publishes the annual complaints report and participates in the annual KAO41 benchmark data submission.	2	Jodie McIlwain Head of Complaints

		The Trust has published its Patient Safety Incident Review Framework policy (PSIRF) and an EIA has been undertaken. Investigation assessment templates have been amended to include Protected Characteristic data capture. Our policy guidance for staff about how to engage with and support those involved and affected by patient safety incidents has been strengthened to prompt proactive consideration of any necessary adjustments that may be required. Patient Listening and Engagement sessions have been undertaken: July 2024 Acute Stroke and Stroke rehab, Lithotripsy and Urology pathway patients. September sessions for paediatric patients and their families and Maternity patients Patient Stories are routinely told at Board and other committees, including Team Brief. Stories are from patients with disabilities including stroke, cancer, sensory loss, are elderly or are carers. Patients with an LD flag on their electronic patient record are reviewed by the complex care team to support reasonable adjustments. All patients under a Deprivation of Liberty Safeguard or who require a reasonable adjustment will have a 'This is me document' or 'Hospital passport' to support personalised care.		Fiona Altintas Deputy Director of Nursing for Quality Governance.
	1C: When patients (service users) use the service, they are free from harm	The Striving for Excellence Ward Accreditation Programme aims to ensure that the care we deliver to our patients is safe, effective compassionate and personalised. The Inclusive Nursing Charter ensures that nursing services are effectively engaged in equality, diversity and Inclusion. At end of Quarter 2 2024 Trust overall compliance is 86% in Oliver McGowan Training at level 1. The Trust also offers Defeating Barriers training (non-mandatory) The FTSU network at the Trust comprises of the FTSU Executive Director, Non-Executive Director Leads, a Freedom to Speak Up Guardian and a network of multi-disciplinary FTSU Champions. 'Speak Up' staff compliance is now at 90.09% with the relatively new 'Listen	2	Mel Kynaston Deputy Director Nursing for Quality

		Up' training compliance at 69.12%, Currently there are 58 registered Champions listed on the FTSU intranet page. The Trust has a positive culture in reporting patient safety incident to its Datix patient safety reporting system. Approximately 10, 000 clinical incidents involving patients are reported each year by category and degree of harm experienced to the patient and also where a incident was averted (near miss event).		
	1D: Patients (service users) report positive experiences of the service	FFT- recommenced at the Trust in 2023. All patients in Emergency care, Inpatient and Outpatient and Maternity settings are asked to rate their care. The Trust results are comparable with the National scores The Trust participates in the National CQC patient surveys for Inpatients, Emergency Care, Maternity, Cancer and Children and Young People. Data shows that patient respondents are experiencing multiple long term health conditions. Young people are receiving a poorer experience in Emergency Department (ED) throughout the country. Respondent are reporting worse experiences waiting in the ED for placement on the ward. Maternity and Inpatient surveys found a general overall improvement in scores. Benchmarking shows that the Trust is in line with peers. Protected characteristic data collected as part of the survey design. Compliments: 248 were received in Q1, Q2 and Q3 of 2024 In the complaints service, reasonable adjustments and advocacy to make a complaint are supported. Response letters have been made dyslexia friendly. The service is signed up to Ask Do Listen principles. The Trust participates in the Annual Patient Led Assessment of the Care Environment assessment assessing the care environment for access for those with sensory loss dementia and disability. This is 3-day environment assessment including Patient assessors and patient reps. Additionally, the Trust undertakes a minimum of 4 PLACE lite inspections throughout its estate each year.	2	Fiona Altintas Deputy Director of Nursing for Quality Governance.

Domain 1: Commissioned or provided services overall rating	8	

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 wellbeing hub and wellbeing team provide self-help resources/information and signposting to specialist support for a wide range of health conditions including the specific conditions included within the EDS **(Diabetes, Obesity, COPD, Asthma, Mental Health)**. Staff can access resources from the Wellbeing hub to help them manage their health conditions and wellbeing. • A total of **256** staff have engaged in the **health check** events this year. health initiatives for staff throughout the year includes Liver scans, blood Pressure, Cholesterol and Blood Glucose checks – staff are free to drop in during events to access the health checks and advice, support and information from specialist teams (Diabetes, Hepatology, Alcohol support, Cardiac rehab, Wellbeing Team, Occupational Health) • Within the last 12 months the wellbeing team have provided **479 staff** with individual **1:1 wellbeing support** for their health and wellbeing. • **All events over the last year have included over 1210 attendees** (this includes a series of health/wellbeing promotion events across the year which provide self-help resources, information and delivery of workshops to encourage	2	Wellbeing Team/OH

		self-awareness and management techniques. • The staff intranet also provides a wide range of self-help resources, videos and signposting materials for staff to access which will support the management of the key health conditions and general wellbeing. These include resources around weight management, healthy eating, reducing alcohol consumption, looking after mental health, staying physically active and how good sleep. • Psychological safety and stress management enlightenment are provided through the Trust's intranet. • The Trust currently has 6 active staff networks including the Women's, LGBTQ+, Carers, BAME, Faith and Belief, and Enabled – all run regular meetings and events providing staff with the opportunity to access support/signposting to wider internal and external support for health and wellbeing. • An example of work the staff networks have done to support staff wellbeing include the Women's network running menopause lunch and learn activity, it is well documented the impact the menopause has on Women's mental health and raising awareness of the signs/symptoms as well as self-help		

		resources and how to access support was an important part of the activity.		

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	• Incidence of Bullying and Harassment is being reported and captured via HR, Freedom to Speak Up and we have Zero Tolerance Guidance in place to support employees and managers with process to raising concerns. • **HR Case Management:** The Trust monitors the number of Bullying and Harassment Cases from HR Dashboard. For example, 3 formal bullying and harassment cases were closed between Q4 in 2023 to Quarter 3 in 2024 with 2 of the staff dismissed from the Trust and 1 resolved informally. **This shows that the organisation penalises staff who abuse, harass or bully other members of staff and takes action to address and prevent bullying behaviour and close cultures, recognising the link between staff and patient experience.** • Bullying and Harassment Policy: Our Bullying and Harassment Policy supports informal resolution through mediation. • On 8th November 2024, the Trust launched a new Zero Tolerance campaign aimed at combating abusive and threatening behaviour, to ensure that both staff and patients feel safe and always respected. The initiative is part of the Trust's ongoing commitment to creating a positive and supportive environment for	2	People teams

		everyone and emphasises that abuse towards its staff in any form - whether verbal, physical or emotional - will not be tolerated.		

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	• Our staff have access to independent support through our Freedom to Speak Up and Employee Assistance Program. • The FTSU network at the Trust comprises of the FTSU Executive Director, Non-Executive Director Leads, a Freedom to Speak Up Guardian and a network of multi-disciplinary FTSU Champions. • In the last year, we have appointed and trained over 60 Freedom to Speak Up Champions to help our staff to raise concerns on the FTSU intranet page. • 58 cases of Bullying and Harassment has been made through Freedom to speak up between Q1 2023 to Q4 2024.Concerns were raised across different professional groups including Doctors/Dentist, Administrative staff, Nursing and Allied Health Practitioners. All the 58 cases are closed. • Our Employee Assistance Programme (EAP) is provided through Health Assured. It is an employer-paid scheme that gives employees 24-hour access to confidential support, professional advice and short-term counselling to help them deal with personal and work-related problems that are impacting their physical and mental well-being at work. Staff are supported with issues relating to anxiety, bullying and harassment.	2	People team

		• Health Assured have provided support to staff over 262 calls between October 2023 and November 2024. Support includes counselling and advice for various concerns including, Stress, Anxiety, Bullying and Harassment, Work Relationship etc.		

	2D: Staff recommend the organisation as a place to work and receive treatment	Our score on **Q25c of the 2023 staff survey '' I would recommend my organisation as a place to work <u>is up by 1.95%</u>** from 43.41% to 45.38%, the Board recognise that this is below national average of **60.52%.** Our Score also improved on **Q25d ''If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation''. We moved up by 4.66% from 46.72% to 51.38% but also below national average of 63.32%.** The trust recognise that while over 2000 staff responded to the survey questions, there are over 5000 employees of the Trust**. This has led a focused strategy to ensure effective use of Comms to effect change and embed an inclusive culture in line with our Trust values.** • Line Managers and HR team work to support staff on long term sickness by holding wellbeing meeting, • HR team provide weekly report of staff on Long – term sick. HR also provide support with Attendance management policy and is focused on reducing sickness and long-term absence. • Our comprehensive health and wellbeing offer aims to help staff be proactive in their approach to look after their wellbeing. A range of providers support this, from	1	Trust senior leadership team

		physical to mental health and beyond. Our wellbeing Hub, Health Assured and OH work collaboratively to provide support. Based on monitoring data for Long -Term Sickness, or data shows that long term sickness can range from, • Anxiety/stress/depression/other psychiatric illnesses • Other musculoskeletal problems • Cold, Cough, Flu - Influenza • Chest & respiratory problems • Benign and malignant tumours, cancers • Heart, cardiac & circulatory problems • Dental and oral problems • Eye problems • Gastrointestinal problems • Genitourinary & gynecological disorders • Injury, fracture • Pregnancy related disorders		
Domain 2: Workforce health and well-being overall rating			7	

Domain 3: Inclusive leadership

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	• Our Board and system leaders (Band 9 and VSM) demonstrate their understanding of, and commitment to, equality and health inequalities and takes positive action towards improving health inequality outcomes across the Trust. • We have a visible Chief Executive who consistently advocate through staff team meeting forum, the clear link between staff experience and patient outcomes. • Our Chief Executive implements GO SEE where she walks into different hospital areas to observe and have conversations about what needs to be improved to enhance positive health outcomes for patients and feed back to the Board her understanding of the barriers facing different groups of patients and staff. • Board of Directors also develop their understanding of the barriers facing different groups of patients and staff through Patient and Staff Stories at Board meetings. • Our Directors and Executives play a key role in championing our Staff Networks as a way of demonstrating visible	2	Trust senior leadership team.

		leadership and commitment to maters of diversity. • The Trust have 6 active Staff Network Groups and Executive members nominated themselves as sponsors to different staff networks BAME Staff Network between December 2023 and October 2024 with the last self-nomination being, Debbie Herring, our Interim Chief People Officer as champion for the Women's Network. • On Wednesday 4 December we held our first ENABLED Staff Network event in the Wellbeing Hub at the Countess of Chester Hospital. This network is proudly led by 3 of our staff who act as Chair and Co-Chairs to the Network. Our Executive sponsors were in attendance. **Widened Opportunities for our Ethnic Minority Group** • Continue with the success of the ethnically diverse leadership course (The Elevate Programme). Recruited and trained new cohort between August to November 2024. This is reflected in improvement to WRES indicator 4. **Working Together to Bridge Health Inequality.**		

		• Joining up Services with Cheshire and Wirral Partnership (CWP) in improving mental health services. By joining up service which are currently provided separately, we are making better patient decisions by pooling experience, expertise, and resource. **Patient Assurance.** • National patient surveys in Maternity, Emergency care, Inpatient and Children's and Young Peoples services. Overall results are comparable to national scores. • Compliments: 248 were received in Q1, Q2 and Q3 of 2024. • In the complaints service, reasonable adjustments and advocacy to make a complaint are supported. Response letters have been made dyslexia friendly. The service is signed up to Ask Do Listen principles. https://www.england.nhs.uk/learning-disabilities/about/ask-listen-do/ **Board Assurance and Development Relating to Equality Diversity and Inclusion** • The Board is committed to ensuring that the Trust is meeting the requirements of the Public Sector Equality Duty and		

		requires that an Annual EDI report is submitted to the Board for review. • On 30 January 2024, the Board of Directors received the EDI Annual Report 23/24 which highlighted progress the Trust had made over the previous year in creating an inclusive workplace where all employees are treated fairly and with respect and outlined work still to be done • In May 2024, the Trust undertook a self-assessment for the Anti Racist Bronze Accreditation and is in the process of developing an action plan to evidence achievement of the required deliverables. We are working towards applying to the Northwest Assembly for formal recognition in 2025. **The Board of Directors completed its first FTSU Self-Assessment on 6th August 2024 and an action plan that improves the FTSU offer is currently being developed and will be prioritised over the coming months with progress being reported to the Board of Directors.** • FTSU reports are also submitted to the People and Organisation Development Committee bi-annually and the Audit		

		Committee and Quality and Safety Committee annually. • Freedom to Speak Up report is made to the Executives. The purpose of this paper is to provide the Board of Directors with an update of the work of the Freedom to Speak Up (FTSU) Guardian and Champions in supporting the safety culture within the Trust, reflect on the progress made by the FTSU Network in empowering staff to speak up freely and to encourage ongoing positive cultural change. • The Board of Directors received a Board Development session on culture and behaviour safety to underpin the foundations of organisational culture with psychological safety. This supports goal 4 (inclusive leadership at all levels). • New leadership programmes have been launched and include an EDI session appropriate at the various levels to raise awareness and ensure our leaders have the right skills for the role. This supports goal 4 (inclusive leadership at all levels). • The elevate programme (BAME leadership) has launched again and out of 33 applications there have been 12 COCH candidates shortlisted to attend		

		this coming cohort, and we have signed up to another cohort in 2025. This supports goal 4 (inclusive leadership at all levels). **In October 2024, the Trust published a new WRES and WDES Action Plan which was reviewed by the Board to ascertain areas where we made progress between 2023-2024 and areas requiring improvement.** 1. Embed EDI training across the Trust Leadership Development, Skills and Talent Framework and ensure effective training delivery. Commenced July 2024 On-going. 2. Widening participation in the delivery of Trust services for our local community by increasing employment opportunities across all protected characteristics. On track and reflected as an improvement against WRES indicator 2 3. Develop and launch a Civility Charter alongside the Equality Strategy and Wellbeing via a Civility Roadshow. Civility roadshows commenced in November 2023 and a civility pocket booklet has been provided to all staff in October 2024. Our Civility statement now reads as follows: ‘*‘We will always treat everyone with respect and*		

		kindness, be polite and professional, listen and help each other whenever we can'. 4. In addition, the Zero Tolerance campaign commenced in October 2024 to ensure incidents of abuse to our staff from patients and other staff are dealt with appropriately. 5. Trust continues to attract applicants with disabilities by maintaining Disability Confident membership and look to commit to the next level. Re-accreditation application December 2024. 6. Board members were nominated as sponsors to Disability Staff Network, Neurodiversity Staff Network and Carers Staff Network. Appointed December 2023. 7. Engage Managers in Reasonable Adjustment Training Reasonable Adjustment was embedded into disciplinary and, sickness policy training. This is still ongoing. Resulting in evidence of improvement in metric 8. 8. Commenced concerted effort to improve wellbeing through engagement and listening events via the wellbeing hub. A dedicated wellbeing hub was opened in		

		May 2024 and wellbeing materials and training sessions have been delivered via Workforce Wellbeing Lead.		

	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	• The Board holds 6 Board meetings, and two development sessions in a year. A detailed Board Plan is prepared by the Governance Team which captures Equality Diversity and Inclusion discussions under operational performance report delivered by the Interim Chief People Officer and as a standalone item for discussion under Item 34 - Strategic Change. Board of Directors Meeting Packs | Countess of Chester Hospital • The EDI team published a new managers guide to Equality Impact Analysis in the 4th quarter of 2024 and are always available to support policy authors in relation to completing an EIAs on policies, programs and or strategies. • The Continuous Improvement Team assess the quality of each program and request an EIA to be completed, some of which were completed. • Whether in conjunction with the risk identified when completing an EIA or risk identified that impacts individuals and groups when assessing the Trust WRES and WDES data, gender pay gap data, the Board requires the People and Organisation Development Committee	2	Director of Governance Risk and Improvement (Company Secretary)

		to report details of the actions in place to address inequalities in the workplace and areas of focus. For example, the WRES data captures Black, and minority ethnic backgrounds (BAME) staff experience of Bullying and Harassment compared to White colleagues or access to development opportunities of BAME staff compared to White colleagues. • EIA schedule was prepared by the EDI team to identify policies and programs with high, medium or low impact with a focus on policies requiring a review within the next 2 years. The EIA schedule supports a proactive approach to ensuring that impact on equality is re-assed when policies and programs are to be renewed. • Despite the above positive actions, we recognise that policy authors and program managers can do better in identifying any equality related impacts through completion of EIAs and can improve the chances of engaging with relevant group that might be impacted. The Governance and EDI team have identified gaps in carrying out EIA as an evidenced based practice and now		

		working together to create a system that ensures that policy or program author/owners are able to properly carry out evidence based EIAs.		

	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 People and Organisation Development Committee (POD) prepare an EDI report which identifies gap and priorities and present same to the Board. This POD report serves as a lever to manage performance and monitor progress with staff. • The Director of Nursing/Deputy Chief Executive Officer provide assurance to the Board regarding performance and monitor progress with patients. • The POD Committee submitted a report to the Board in October 2024 which itemised the status of focused actions to reduce risk to workforce and staff. • POD report in October 2024 further established focus for EDI during the coming months to include: 1. Ensuring publication of the WRES and WDEs reports and action plans by 31 October. 2. Reviewing all existing EDI action plans and considering consolidation, alignment and revised timescales where appropriate. 3. Preparing for future reporting in Q4 including EDS 2022, gender pay gap reporting, and preparation of annual equality report.	2	Trust senior leadership team.

		4. Compliance to date against the actions and the need for a review of actions and timescales to support future delivery. i.e. the WRES and WDES reports have been concluded and published and follow up actions are now being implemented. 5. The Board sets target for turnover rate at 10.0% as at December 2024, our Turnover rate was 9.2% **Improve Communications and Culture** • Civility Handbook, • Monthly Recorded Team Brief, • Freedom to Speak Up/Staff Networks, • Zero Tolerance, • Executive Team Relocation/Weekly Bulletin. **Better Facilities/Support and Training** • Wellbeing Hub & Support Team, • Elevate/Aspire Leadership/ Mary Seacole, • More FTSU Guardians/Wellbeing 1st Aid training. **Levers relating to patients.** • On Tuesday November 2024, the Director of Nursing & Quality / Deputy Chief Executive, Ms S Pemberton advised that the Trust was rated 7.9 for		

		overall care experience compared to 7.7 in the 2022 results and that there are also some areas where improvement is still required, with the two main areas raised relating to the time waiting for a bed and understanding explanations given when changing wards during the night. • Patients have opportunity to respond to the patient experience survey which provides equal opportunity to be heard, however, it was noted that of 1250 patients invited to take part, 457 responded (circa 40%) and the national response rate was 42%. The Trust is continually working on the basics of care as agreed and as per the six steps to patient safety, noting the Patient Family & Experience Strategy has now been launched and that the Trust will continue to build on the results, with a particular focus on waiting times. **Levers relating to staff and patients.** • The Board of Directors completed its first FTSU Self-Assessment on 6th August 2024 and an action plan that improves the FTSU offer is currently being developed and will be prioritised		

		over the coming months with progress being reported to the Board of Directors. • On 24th September 2024, Freedom to Speak Up report was submitted to the Board of Directors to note the contents of the report and the assurance provided that local FTSU arrangements are in place and continue to meet best practice. • FTSU reports are also submitted to the People and Organisation Development Committee bi-annually and the Audit Committee and Quality and Safety Committee annually. • As of November 2024, all VSM Executives have completed their appraisal. This is being monitored through Corporate Division People Analytics and Key Performance Indicator Report prepared by the HR Business Partner for Corporate Services. **EDI Training Performance and Monitoring Data** • Our overall Trust Equality, Diversity and Human Right Training compliance as of November 2024 is 93.60%, demonstrating our staff commitment to learning about EDI and the Trust's		

		leadership to monitor compliance. This report is provided through the workforce and EDI team. **In addition to the mandatory training, all staff are supported to access training on specific topics including:** • Defeating Barriers training. • Oliver McGowan training • Unconscious bias training. • Fair and inclusive recruitment training. • Active Bystander training. • Reverse mentoring training. • EIA training for policy and service managers. – Policy Author • Freedom to Speak Up Champions Training.		
Domain 3: Inclusive leadership overall rating			6	
Third-party involvement in Domain 3 rating and review				
Trade Union Rep(s):		**Independent Evaluator(s)/Peer Reviewer(s):**		

EDS Organisation Rating (overall rating): 21
Organisation name(s): Countess of Chester Hospital NHS Foundation Trust
Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped** Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing** Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving** Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

EDS Action Plan	
EDS Lead	**Year(s) active**
Equality Diversity and Inclusion Coordinator	2025/26
EDS Sponsor	**Authorisation date**
Chief People Officer Director Of Nursing and Quality	28.02.2025

Domain	Outcome	Objective	Action	Completion date

Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	To ensure that the Complaints service is fully accessible and is compliant with its public duty. The Trust to ensure that patients most at risk due to a protected characteristic are not adversely affected by healthcare related harm whilst receiving Trust services. Improve accessibility to Interpretation services.	The complaints service to engage with complainants differently to achieve higher rates of completion of the PC proforma. The complaints service to collect and report on the protected characteristics of those affected by complaints The complaints service to publish its EIA Patient safety processes are improved to collect protected characteristics of those most adversely affected by patient harms This data to be scrutinised for themes and learning extrapolated and reported. Complete service specification and procure suppliers of translation/interpretation services with increased on demand access rates.	May 2025

	1B: Individual patients (service users) health needs are met	The Trust to ensure that patients most at risk due to a protected characteristic are not adversely affected by healthcare related harm whilst receiving Trust services.	The analysis of patient safety incidents to date (with the exception of Perinatal mortality reviews) has not considered the patients protected characteristics as a factor. The Trust PSIRF policy will be updated to reflect this requirement. Translation and Interpretation specification ensures supplier provider relevant safeguards to ensure the quality of translation and interpretation services.	May 2025
	1C: When patients (service users) use the service, they are free from harm	The Trust to ensure that patients most at risk due to a protected characteristic are not adversely affected by healthcare related harm whilst receiving Trust services.	Improve the collection of protected characteristics data for patient affected by a clinical incident at the Trust. The trust to develop its implementation plan for Oliver McGowan Training at Level 2	Aug 2025
	1D: Patients (service users) report positive experiences of the service	Increase involvement of patients and advocated who are most at risk due to a protected characteristic.	Improve diversity of participants on the Trust PLACE assessments Translation and Interpretation Policy and EIA is required. Improve the uptake and quality of EIAs in service changes, policies and standards	May 2025

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 the health and wellbeing of staff understanding specific needs and what support to offer.	1. Delivery of an EDI & Wellbeing calendar, events and activities to raise awareness and offer the relevant support available. 2. Raise awareness of the EDI/Wellbeing calendar of events and support through the Staff Networks.	May 2025 July 2025

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Use resources available to analyse and understand where actions are not followed through to improve training and development for trust leaders.	1. Analyse Datix incident reports for staff members' protected characteristics highlighting issues to leadership team and look at trends to identify problem areas to gain better understanding. 2. Build on the zero-tolerance campaign within all trust sites by highlighting incidents and stories to raise awareness of poor behaviour whether it's from staff, patients or visitors and communicate outcomes to raise confidence. 3. Improve Freedom To Speak Up(FTSU) engagement, improve confidence to use the service by monitoring progress and outcomes.	August 2025 October 2025 November 2025

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Improve staff awareness of trusted services available to offer support and advice when suffering from stress, abuse, bullying, harassment and physical violence from any source.	1. Improve opportunities for staff engagement for individuals who share a protected characteristic and increase engagement of Staff Networks as a trusted source. 2. Promote cross network collaboration with events and awareness sessions to improve inclusion. 3. Seek to improve the current Employee Assistance Programme offer demonstrating improved service-uptake from staff with a protected characteristic.	August 2025 October 2025 October 2025
	2D: Staff recommend the organisation as a place to work and receive treatment	Improve staff experience and engagement including the overall Trust Rating across the Staff Survey.	1. Celebrate achievements of individuals and teams who go above and beyond by introducing a monthly patient choice award. 2. Introduce other staff networks to further creating a sense of belonging and inclusion such as Veterans.	August 2025 April 2025

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	Strengthen leadership accountability across equality and health inequality.	1. Encourage implementation of EDI actions in yearly plans. 2. Develop and roll out EDI presentation to Board members, system leaders (Band 9 and VSM) and those with line management responsibilities.	May 2025 November 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 integration and embedding of equality and health inequality considerations across the core business of the Trust.	1. Review current board/committee templates to assure that equality and health inequality related impacts and risks are appropriately identified	
	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	Streamline monitoring and reporting mechanisms to address concerns related to, and improve performance management of, equality and health inequalities across the Trust.	1. Strengthen executive sponsor involvement for the staff networks to encouraging engagement. 2. Measures in place to monitor and achieve EDI Executive objective(s)	May 2025 September 2025

Patient Equality Team
NHS England and NHS Improvement
england.eandhi@nhs.net