

## NHS Equality Delivery System (EDS)

<b>Name of Organisation</b>	Lancashire Teaching Hospitals	<b>Organisation Board Sponsor/Lead</b>		
		Interim Chief People Officer – Nicki Latham Chief Nursing Officer – Sarah Cullen		
<b>Name of Integrated Care System</b>	Lancashire and South Cumbria			

<b>EDS Lead</b>	Tim Brown - Diversity & Inclusion Practitioner	<b>At what level has this been completed?</b>		
			<b>*List organisations</b>	
<b>EDS engagement date(s)</b>	Primarily with service leads. EDS22 has been discussed at the Inclusion Ambassador Forums. DI Practitioner has contacted the ICB for guidance on the transition from EDS2 to EDS22. Response from ICB is that EDS is not a priority and that we should publish the information that we have.	<b>Individual organisation</b>	Lancashire Teaching Hospitals	
		<b>Partnership* (two or more organisations)</b>		
		<b>Integrated Care System-wide*</b>		

<b>Date completed</b>	23 June 2023	<b>Month and year published</b>	June 2023
-----------------------	--------------	---------------------------------	-----------

<b>Date authorised</b>	26 June 2023	<b>Revision date</b>	26 November 2023

Completed actions from previous year	
Action/activity	Related equality objectives
EDS was last published by the Trust in November 2021. The actions from the EDS2 were built into the Equality, Diversity & Inclusion action plan for the Trust.	The Trust is in the process of reviewing its equality objectives. These are likely to be aligned with core EDI standards such as Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), Gender and Ethnicity Pay reports.

## EDS Rating and Score Card

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


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




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








## Domain 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<b>Domain 1: Commissioned or provided services</b>	1A: Patients (service users) have required levels of access to the service	As below	1	Deputy Divisional Nurse/Midwifery Directors
	1B: Individual patients (service users) health needs are met	As below	1	Deputy Divisional Nurse/Midwifery Directors
	1C: When patients (service users) use the service, they are free from harm	As Below	1	Deputy Divisional Nurse/Midwifery Directors
	1D: Patients (service users) report positive experiences of the service	A Below	1	Deputy Divisional Nurse/Midwifery Directors
<b>Domain 1: Commissioned or provided services overall rating</b>			4	

## Domain 1: Commissioned or Provided Services - Maternity








<b>Domain</b>	<b>Outcome</b>	<b>Evidence</b>	<b>Rating</b>	<b>Owner (Dept/Lead)</b>
<b>Domain 1: Commissioned or provided services</b>	1A: Patients (service users) have required levels of access to the service	All women can access immediate translation services for all appointments, consultations and during an in-patient stay via an electronic device and DA Languages	1	JL,DDNM
		All women have access to a digital maternity record.		
		The maternity webpages can be translated into first language to ensure key health messages are assessable and shared		
		Women can access the real birth company parent education sessions. This can be translated into multiple different languages.  Lancs Teaching Quarterly Infograph		
		Partners and families are welcomed onto the ward with one support person being able to stay 24/7, and other visitors attending during visiting hours. This includes other children (siblings)		



1B: Individual patients (service users) health needs are met	<p>Care is tailored around individuals' health needs and regular risk assessments are performed. In addition, personalised care and support plans (PCSP) are used and documented within the BadgerNet app. Since January 2022 99.2% of antenatal PCSP plans were completed and 99.4% of postnatal PCSP plans.</p>  <p>Copy of PCP dashboard Septemb</p>	1	JL,DDNM
	<p>Women with complex mental health needs have access to specialist perinatal mental health services</p>  <p>ESMT - July-Aug-Sept 2022.:</p>		
	<p>Women who are vulnerable are referred to and supported by the Enhanced Support Midwifery team.</p>  <p>ESMT - July-Aug-Sept 2022.:</p>		
	<p>A flag facility is available within the maternity digital record to identify women who have a specific support care plan in place.</p>		

<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>Complaints</p>  <p>Copy of DatixWebReport Ma</p>	<p>1</p>	<p>JL, DDNM</p>
	<p>Datix/complaints learning</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">             Cervical cerclage (1).pdf         </div> <div style="text-align: center;">             Raising awareness of sepsis presentati         </div> <div style="text-align: center;">             sepsis awareness (1).pdf         </div> <div style="text-align: center;">             postnatal headache learning from compl         </div> <div style="text-align: center;">             complaints delivery :         </div> </div> <div style="margin-top: 10px;">  <p>Claims and complaints triangul</p> </div>		
	<p>STAR</p>		



Performance against the STAR accreditation assessment has been consistently good within maternity services. 1/7 has achieved a bronze star. 5/7 have achieved a silver rating with 3/7 on track to attain gold status at the next inspection. 2/7 has a gold star.

Area	Star Rating	1 <sup>st</sup> Visit Score	2 <sup>nd</sup> Visit Score	3 <sup>rd</sup> Visit Score	4 <sup>th</sup> Visit Score	5 <sup>th</sup> Visit Score	6 <sup>th</sup> Visit Score
Antenatal Clinic RPH	Silver 	89% A 02/05/18	89% B 24/06/19	88% A 07/07/20	95% A 18/05/21	95% A 15/09/22	
Birth Centre RPH	Gold 	95% A 04/04/18	96% A 17/06/19	100% A 25/02/20	97% A 27/10/20	94% A 10/5/23	
Birth Centre CDH	Silver 	89% A 10/02/21	94% A 24/06/21	91% A 03/02/23			
Delivery Suite	Gold 	90% A 06/11/17	92% B 01/02/19	92% A 06/02/20	94% A 09/11/20	94% A 21/06/22	95% A 14/04/23
Maternity A	Silver 	96% B 18/12/18	95% A 11/03/19	87% A 10/02/20	93% A 28/02/20	92% B 14/10/22	
Maternity B	Bronze 	85% B 11/09/17	96% A 05/09/18	96% A 21/2/20	96% A 03/09/20	88% B 08/09/22	89% A 28/02/23
Maternity Day Case RPH	Silver 	85% A 30/08/18	94% A 07/10/19	91% B 12/05/21	93% A 13/05/2023		

		<p>Never events/serious cases</p> <p>None</p>		
	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>Friends and Family</p>  <p>Friends and Family data.docx</p> <p>CQC External Surveys</p>  <p>NHS Maternity Survey Report 2021 (</p> <p>MVP – meetings and walk arounds Ockenden insights visit etc.</p>	1	JL, DDNM
<p><b>Domain 1: Commissioned or provided services overall rating - Maternity</b></p>			4	

## Domain 1: Commissioned or Provided Services – Ward 2c

Do mai n	Outc ome	Evidence	Ra tin g	Own er (Dept /Lea d)
<b>Domain 1: Commissioned or provided services</b>	1A: Patients (service users) have required levels of access to the service	<p><u>Background.</u> Ward 2c is a mixed sex Neurosurgery ward consisting of 17 beds. Ward 2c is part of the Neurosurgery unit located on the lower ground floor of Lancashire Teaching Hospital, Preston site. The Neurosurgical unit in total consists of 61 acute beds based primarily over four wards. Neurosurgery is a regional network and a Neuroscience centre. Ward 2c accommodates elective surgery, non-elective, trauma and emergencies and belongs to the Lancashire Teaching Hospitals regional trauma services. For the purpose of the report Domain one: Commissioned or provided services will be reviewed as part of the NHS Equality Delivery System 2022.</p> <p>Domain 1 consists of four categories.</p> <ul style="list-style-type: none"> <li>1A Service users have required levels of access to the service.</li> <li>1B Individual service user’s health needs are met.</li> <li>1C When service users use the service, they are free from harm.</li> <li>1D Service users report positive experiences of the service.</li> </ul> <p>Domain one data sources of evidence include the following: CQC National Patient Survey, Friends and Family Test (FFT), Serious incidents, never events and complaints/compliments as reported by NHS provider, LTHTR STAR accreditation report.</p> <p>*The evidence on Domain one, section 1C details quarter 2 of the financial year 2022.</p> <p>The Neurosurgery Unit is based at Lancashire Teaching Hospital Preston with easy access from the M6 and M55 motorways. The unit provides a service to Lancashire and Cumbria containing health districts of Preston, Chorley &amp; South Ribble, Blackpool, Blackburn, Burnley, Lancaster and Barrow. Access to Ward 2c is user friendly.</p> <p>Ward 2c is located on the lower ground of the main building on Grey Street.</p>		LG, DDND

Access to Ward 2c is via the main entrance.

Direct admissions and Transfers into the ward

**Summary by Gender and Ethnicity**

Row Labels	Female	Male	Total	% of Total
White - British	471	547	1018	73.1%
Not Stated	118	159	277	19.9%
White - Any Other Background	11	9	20	1.4%
Asian or Asian British - Indian	11	9	20	1.4%
Asian or Asian British - Pakistani	7	12	19	1.4%
Other Ethnic Groups - Any other ethnic group	4	7	11	0.8%
Asian or Asian British - Any other Asian background	3	7	10	0.7%
White - Irish	4	1	5	0.4%
Asian or Asian British - Bangladeshi	2	2	4	0.3%
Black or Black British - Caribbean	1	2	3	0.2%
Black or Black British - African		2	2	0.1%
Mixed - White and Asian		1	1	0.1%
Black or Black British - Any other Black background	1		1	0.1%
Mixed - Any other mixed background	1		1	0.1%
<b>Total</b>	<b>634</b>	<b>758</b>	<b>1392</b>	
Gender Split	46%	54%		

**Summary by Gender and Age Group**

Row Labels	Female	Male	Total	% of Total
15 - 24	23	32	55	4.0%
25 - 34	49	66	115	8.3%
35 - 44	61	97	158	11.4%
45 - 54	96	110	206	14.8%
55 - 64	152	149	301	21.6%
65 - 74	129	156	285	20.5%
75 - 84	91	112	203	14.6%
85+	33	36	69	5.0%
<b>Total</b>	<b>634</b>	<b>758</b>	<b>1392</b>	

**Summary by Gender and Marital Status**

Row Labels	Female	Male	Total	% of Total
------------	--------	------	-------	------------

Not recorded	167	170	337	24%
not disclosed	131	177	308	22%
married	144	142	286	21%
single	81	129	210	15%
not known	81	103	184	13%
widowed	15	12	27	2%
divorced	12	12	24	2%
civil partner	1	7	8	1%
separated	2	6	8	1%
<b>Total</b>	<b>634</b>	<b>758</b>	<b>1392</b>	

#### Summary by Gender and Religion

Religion	Female	Male	Total	% of Total
		2		
		6	46	33.
Unknown	203	0	3	3%
		1		
		7	32	23.
Not recorded	148	8	6	4%
		1		
		4	27	20.
Church of England	135	3	8	0%
		6	12	9.1
Roman Catholic	60	6	6	%

					5	6.9		
No Religion		39	7	96	%			
			2		2.6			
Christian		15	1	36	%			
					0.9			
Methodist		7	6	13	%			
					0.9			
Hindu		5	7	12	%			
					0.8			
Muslim		6	5	11	%			
					0.8			
Islam		7	4	11	%			
					0.3			
United Reform		1	3	4	%			
					0.3			
Baptist		2	2	4	%			
					0.2			
Greek Orthodox			3	3	%			
					0.1			
Presbyterian		2		2	%			
					0.1			
Sikh			1	1	%			
					0.1			
Protestant		1		1	%			
					0.1			
Pentecostal			1	1	%			
					0.1			
Anglican		1		1	%			
					0.1			
Latter Day Saints		1		1	%			

Jehovah's Witness	1	1	0.1 %
Mormon	1	1	0.1 %
	<b>7</b>		
	<b>5</b>	<b>13</b>	
<b>Total</b>	<b>634</b>	<b>8</b>	<b>92</b>

Direct admissions and Transfers into the ward

**Summary by Gender and Ethnicity**

Row Labels	Female	Male	Total	% of Total
			101	73.
White - British	471	547	8	1%
Not Stated	118	159	277	9%
White - Any Other Background	11	9	20	1.4 %
Asian or Asian British - Indian	11	9	20	1.4 %
Asian or Asian British - Pakistani	7	12	19	1.4 %
Other Ethnic Groups - Any other ethnic group	4	7	11	0.8 %
Asian or Asian British - Any other Asian background	3	7	10	0.7 %



				0.4
White - Irish	4	1	5	%
Asian or Asian British - Bangladeshi	2	2	4	%
Black or Black British - Caribbean	1	2	3	%
Black or Black British - African		2	2	%
Mixed - White and Asian		1	1	%
Black or Black British - Any other Black background	1		1	%
Mixed - Any other mixed background	1		1	%
			<b>139</b>	
<b>Total</b>	<b>634</b>	<b>758</b>	<b>2</b>	
	46	54		
Gender Split	%	%		

**Summary by Gender and Age Group**

Row Labels	Female	Male	Total	% of Total
15 - 24	23	32	55	4.0%
25 - 34	49	66	115	8.3%
35 - 44	61	97	158	11.4%
45 - 54	96	110	206	14.8%

				21.6
55 - 64	152	149	301	%
				20.5
65 - 74	129	156	285	%
				14.6
75 - 84	91	112	203	%
85+	33	36	69	5.0%
<b>Total</b>	<b>634</b>	<b>758</b>	<b>1392</b>	

**Summary by Gender and Marital Status**

<b>Row Labels</b>	<b>Fem ale</b>	<b>Mal e</b>	<b>Tot al</b>	<b>% of Tot al</b>
Not recorded	167	170	337	24%

not disclosed	131	177	308	22%
married	144	142	286	21%
single	81	129	210	15%
not known	81	103	184	13%
widowed	15	12	27	2%
divorced	12	12	24	2%
civil partner	1	7	8	1%
separated	2	6	8	1%
			<b>139</b>	
<b>Total</b>	<b>634</b>	<b>758</b>	<b>2</b>	

**Summary by Gender and Religion**

<b>Religion</b>	<b>Fem ale</b>	<b>M al e</b>	<b>Tot al</b>	<b>% of Tot al</b>
		26		33.
Unknown	203	0	463	3%
Not recorded	148	17	8	23.
Church of England	135	14	326	4%
Roman Catholic	60	3	14	20.
		66	278	0%
		3	9.1	
	60	66	126	%
				6.9
No Religion	39	57	96	%

					2.6		
		Christian	15	21	36	%	
					0.9		
		Methodist	7	6	13	%	
					0.9		
		Hindu	5	7	12	%	
					0.8		
		Muslim	6	5	11	%	
					0.8		
		Islam	7	4	11	%	
		United				0.3	
		Reform	1	3	4	%	
					0.3		
		Baptist	2	2	4	%	
		Greek				0.2	
		Orthodox		3	3	%	
		Presbyteria				0.1	
		n	2		2	%	
						0.1	
		Sikh		1	1	%	
						0.1	
		Protestant	1		1	%	
						0.1	
		Pentecostal		1	1	%	
						0.1	
		Anglican	1		1	%	
		Latter Day				0.1	
		Saints	1		1	%	
		Jehovah's				0.1	
		Witness		1	1	%	

Mormon	1	1	0.1 %
		<b>75</b>	<b>139</b>
<b>Total</b>	<b>634</b>	<b>8</b>	<b>2</b>

In Summary:

The highest category of patients by gender and ethnicity are White British Males. The least is Males any other mixed background.  
 The highest category of patients by gender and age are Males between the ages of 65-74 years. The least is Females between the ages of 15-24 years.  
 The highest category by gender and marital status is male not disclosed. The least is Females living with a civil partner.  
 The highest category by gender and religion is Male unknown. The least is Male, Presbyterian, Protestant, Anglican and Mormon.

1B: Individual patients (service users) health need

Neurosurgery are currently working on an Equality, diversity and inclusion action plan:

Action No.	Action
1	Promote the use of Reachdeck (reads website content out loud and in various languages) and Accessibility information, particularly within the waiting list team, pre-op team and ward staff. <b>Action: Discuss at staff meetings to promote and educate.</b>

1

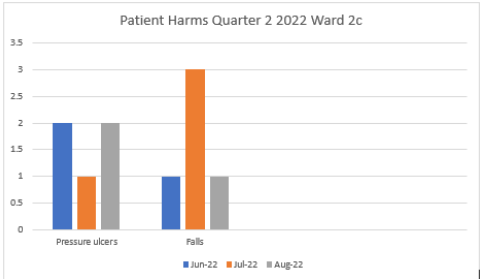
LG, DDND

s are met	2	Assess all clinical facilities to check accessible facilities to check they meet the needs of all patients and staff. How to we tackle no-clinical areas?		
	3	Ensure there is sufficient workforce and that clinics are requested in a timely manner to support patient choice.		
	4	Big Room in place for various pathways (Elderly Trauma pathway, cauda equina, brain cancer).		
	5	Ensure consent forms are available in large print. <b>Action: To make available in appropriate areas for patients who require them.</b>		
	6	Increase and consider alternative methods to collect patient feedback		

	7	Provide applicants with questions pre-interview. Request feedback from those interviewed.		
	8	Review of new teams and team members to check they have the correct equipment to carry out their role remotely and flexibly, taking any protected characteristics into consideration. <b>Action: for those existing staff, we need to review at appraisal or prior if highlighted any equipment / flexible working needs.</b>		
	9	Carry out a thorough review of the Trust's WRES and DES data to understand the Divisional workforce profile and the Trust's overall EDI action plan.		
	11	Set up staff network groups.		
	13	Implement 'mystery shopper' approach to review access to services. <b>Action: set up mystery shopper. Agree on specific individuals to carry out.</b>		
	14	Embed a 'what matters to you' approach.		
	10	Develop forums that encourage staff engagement. <b>Action: need rolling planner.</b>		

	12	Staff from minority groups to sit on senior interview and disciplinary panels. <b>Action: identify individuals to support development of the process.</b>		
	17	Act on Friends and Family feedback.		
	10	Develop forums that encourage staff engagement. <b>Action: need rolling planner.</b>		
	19	Act on staff survey feedback.		
	20	Invite patient representatives to attend Big Room forums.		
	10	Develop forums that encourage staff engagement. <b>Action: need rolling planner.</b>		
	22	Ensure staff are listened to when making key decisions within the Division (pre-consultation conversations).		
	12	Staff from minority groups to sit on senior interview and disciplinary panels. <b>Action: identify individuals to support development of the process.</b>		



		24	Ensure patient input, where deemed appropriate, prior to making key decisions within the Division.															
		22	Ensure staff are listened to when making key decisions within the Division (pre-consultation conversations).															
1C:	When patients (service users) use the service, they are free from harm	<p>When patients (service users) use the service, they are free from harm</p>  <table border="1"> <caption>Patient Harms Quarter 2 2022 Ward 2c</caption> <thead> <tr> <th>Category</th> <th>Jun-22</th> <th>Jul-22</th> <th>Aug-22</th> </tr> </thead> <tbody> <tr> <td>Pressure ulcers</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>Falls</td> <td>1</td> <td>3</td> <td>1</td> </tr> </tbody> </table>			Category	Jun-22	Jul-22	Aug-22	Pressure ulcers	2	1	2	Falls	1	3	1	1	LG, DDN D
Category	Jun-22	Jul-22	Aug-22															
Pressure ulcers	2	1	2															
Falls	1	3	1															

	<p style="text-align: center;"><b><u>Areas of good practice:</u></b></p> <ul style="list-style-type: none"> <li>• Mandatory Training compliance above 90%</li> <li>• A well-structured approach Handover and huddles</li> <li>• Safeguarding training compliance above 90%</li> <li>• Patients advise that staff try and do everything possible not to disrupt their sleep at night</li> <li>• Staff demonstrate good underpinning knowledge of sepsis, and advanced decisions to refuse treatment.</li> <li>• Staff demonstrate good knowledge of how to manage complaints and refer to PALS</li> </ul> <p style="text-align: center;"><b><u>Areas of concerns</u></b></p> <p><b><u>Immediate Risk:</u></b> None Identified</p> <p><b><u>Serious Concerns:</u></b> None identified</p>		
1D: Patients (service users) report positive experiences of the service		1	LG, DDND

ience  
s of  
the  
servi  
ce

Overall FFT results for Ward 2c 1/4/21-31/3/22

Data collection Method

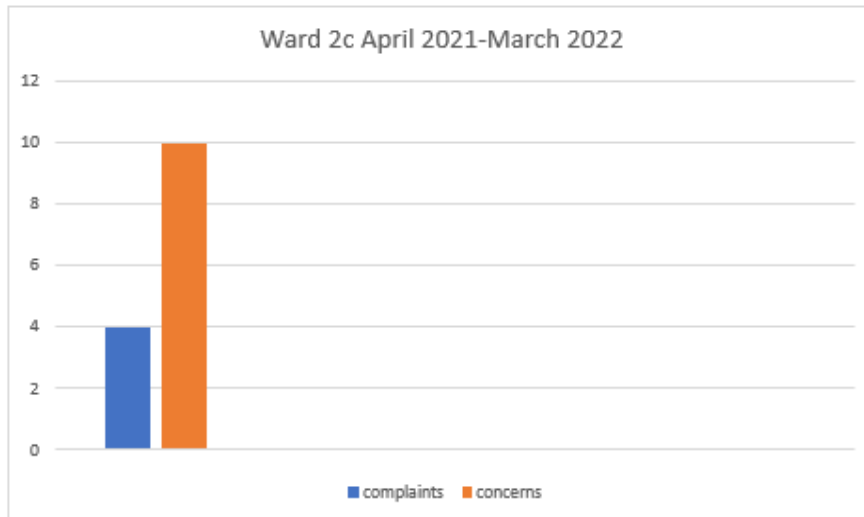
Number of responses received via each mode of collection

SMS/Text/Smartphone	Electronic tablet	Paper/postcard	Paper survey	Telephone	online	other
107	0	0	0	0	0	0

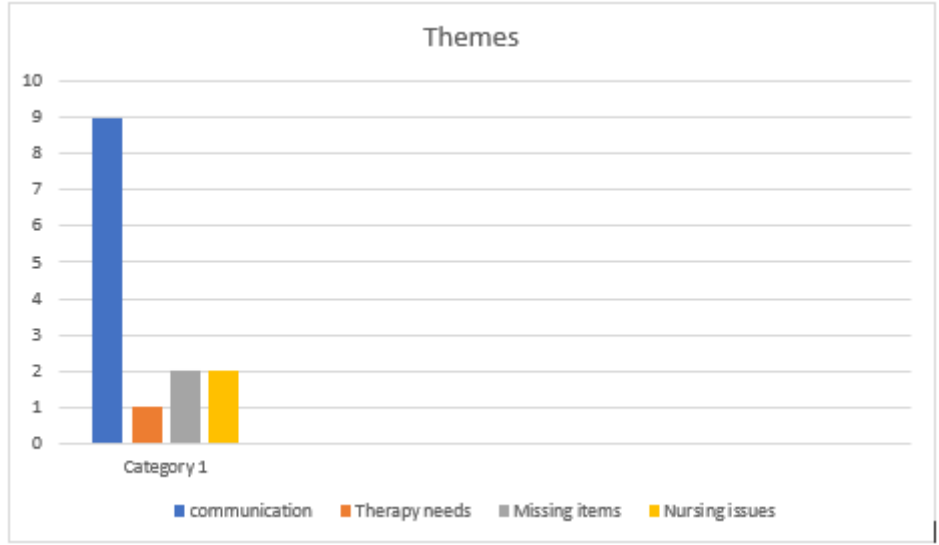
Results

Ward	% Good	% Poor	Total responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't know
Ward 2c	87.85%	8.41%	107	80	14	4	4	5	0

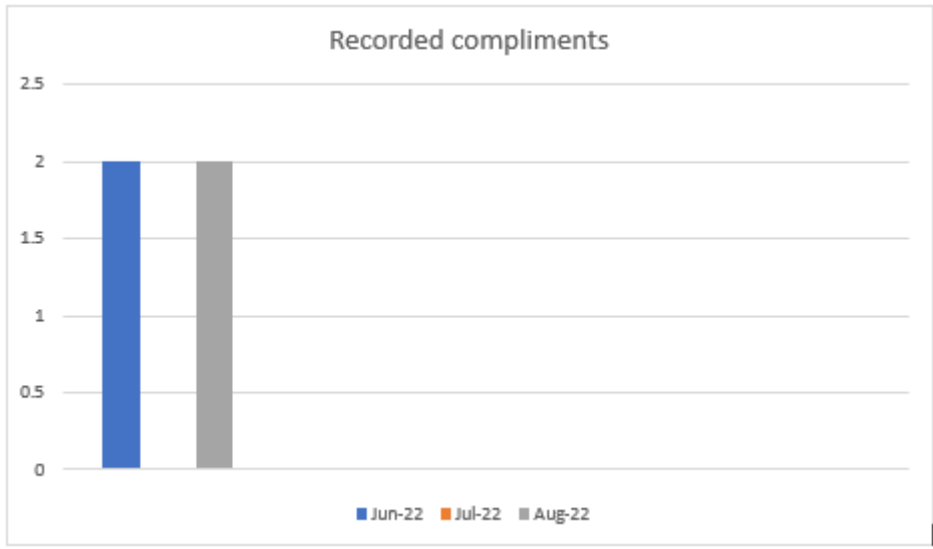
Complaints  
Complaints and  
concerns, Ward 2c April  
2021-March 2022



Themes



Compliments Quarter 2, 2022 Ward 2c



In summary most complaints are raised by communication issues. The highest safety harm incidents are related to patients' falls.

**Domain 1: Commissioned or provided services overall rating – Ward 2c**

4

## Domain 1: Commissioned or Provided Services – Renal

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 1: Commissioned or provided services</i>	1A: Patients (service users) have required levels of access to the service	<p>Renal medicine is a tertiary service commissioned by NHS England to manage established renal failure and renal out-patient services for a population of 1.6m across Lancashire and South Cumbria (L&amp;SC). Our dialysis services are managed on a hub and spoke model with Preston the hub renal unit offering acute dialysis as well as chronic. We provide in-centre haemodialysis (ICHHD) care to 500+ patients across the region and to a further 100+ patients at home. We are responsible for their lifelong care; as we are for over 750 kidney transplant patients plus those with reduced or abnormal kidney function. We offer this care through dedicated L&amp;SC specialist renal out-patient clinics, a variety of day case activity plus a 23 bed in-patient ward in Preston – Ward 25.</p> <p>Access policy Ward 25 manage admission from a varied source with protection to prioritise renal patients. This is a factor that supports access recommendations within the GIRFT report. Delays in transfer of patients with severe acute kidney injury (AKI) As AKI is a medical</p>	1	<p>Beng So (CD) Suzette Harrison (SBM) Cathy Taylor (Lead Nurse)</p> <p>Elizabeth Coleman (Matron)</p> <p>Amy Stringer (Ward 25 Manager)</p>

		<p>emergency, patients who develop single organ AKI<sup>3</sup> and do not respond to initial medical intervention should be referred to a nephrologist or, in the case of multiple organ failure, to critical care services. Those patients who develop advanced AKI or whose AKI is caused by intrinsic renal disease and who are in a hospital without acute renal services will need urgent transfer to a hospital with a renal centre. GIRFT has identified significant delays in the transfer of patients with advanced AKI from referring hospitals to renal centres: 73% of renal centres report delays in transfer of more than 24 hours and of these, 100% reported adverse patient outcomes as a consequence of the delay. These outcomes included deterioration in the patient's condition and having to admit patients to critical care solely to enable continuous RRT, thus using unnecessary critical care resources. HES data supports this view. There is significant variation in the time from admission to first dialysis in AKI: 4.3 days for those patients admitted directly to a hospital with a renal centre compared with an average 9.2 days for patients initially admitted to a referring hospital. In some cases this may be clinically appropriate, for example where a patient needs critical care to stabilise them before transfer, but the variation taken together with the clinical survey indicates otherwise.</p>		
--	--	---	--	--

Monthly meeting with NWAS occur but the main focus is on patient transport attending for HD rather than In patient care and access as described above.



Copy of  
AuditAKIReferrals20;

The service recognises the nine protected characteristics and is assured that the renal pathway supports them. There is a notable increase in admission of 55 – 84 year olds to Ward 25. As the cohort of patients is known to be life long condition and therefore expected, we have an appointed Frailty Consultant to support this cohort and their needs.

Ward 25 patients may also need or require additional support from the MDT such as nutritionist, physiotherapist, social worker, psychology and podiatry which is available to the renal in patients.


LOS / Occupancy






Copy of Ward  
Summaries 20221207











		<p>All patients are reviewed daily via the MDT meeting led by the Consultant of the Week. During this meeting all inpatients are discussed, discharges planned and admissions for the day from a varied of referral sources. Admissions and discharges are therefore planned according to the needs of patients within both our own trust and those from around the region, often involving Critical care units and Emergency Departments as well as inpatient wards. This plan can often change throughout the day depending on the calls received by the renal registrars responsible for both internal and external referrals. This is reviewed again in the afternoon MDT by the Consultant of the Week. All decisions are based on the clinical presentation of the patient.</p> <p>Patients have access to big word translator, Ipads for translate and meeting so that family can attend (Covid initiative).</p>		
	<p>1B: Individual patients (service users) health needs are met</p>	<p>Ward 25 accept a range of patients and care for adult patients of all ages and in some cases young adults. For our young adult there is assurance that appropriate safeguarding measures are in place, usually with the support of the parents. Transition is noted to have barriers and it is acknowledged that further work streams are required to ensure the process is seamless. All patients are nursed in a same sex bay. Support for our</p>	<p>1</p>	<p>Beng So (CD)  Suzette Harrison (SBM)  Cathy Taylor (Lead Nurse)</p> <p>Elizabeth Coleman (Matron)</p>


		<p>patients' needs is based on an individual needs, for example we can offer chaplaincy and pastoral support. Leaflets in different languages are available as we care for a wide range of multi-cultural patients from across the region. Ward 25 use patient information boards behind each patient bed areas , which are completed with the patients and highlight what is important to them.</p> <p>Renal Service Transformation – improved care closer to home with £2.4 million improvement  New Renal IT system implementation – to complete July 2022  Earlier and increased repatriation of transplant patients during COVID  Maintaining RTT throughout COVID  1<sup>st</sup> Original research PhD award in department – NHS Elect lead for Frailty in Renal disease</p> <p>Girft report</p>  <p>Renal-Medicine-10-0  3i-GIRFT Mar 2021.pc</p> <p>UKRR and Renal clinical audits</p>	<p>Amy Stringer (Ward 25 Manager)</p>
--	--	--	---------------------------------------

		 <p>Renal Clinical Audits 2021-2023.pdf</p> <p>NICE</p>  <p>Copy of NICE - Renal.xlsx</p>		
	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>Safe care is completed at the beginning of each shift, to support patient safety by reviewing staffing to patient acuity ratios which can then be reviewed across the organisation to ensure any risks are mitigated. Ward 25 staffing levels are reviewed at the Trust annual staffing acuity reviews. Each patient has a range of risk assessments undertaken to help prevent harm free care. On admission waterlow and nutritional scores along side pressure area care and falls risk assessments are completed . Enhanced levels of care risk assessment have been introduced to ensure that that all patients have capacity and do not require any enhanced care. All risk assessments should be completed within 6 hours of admission to our ward area and then repeated at least once a week depending on the needs of the patient, however this can be changed to every 3 days or daily if required. Care plans should be completed on a daily basis. All of this information can be found online and the</p>	1	<p>Beng So (CD) Suzette Harrison (SBM) Cathy Taylor (Lead Nurse)</p> <p>Elizabeth Coleman (Matron)</p> <p>Amy Stringer (Ward 25 Manager)</p>

		<p>trends for any inpatient admission can be displayed. On a daily basis we complete intentional roundings and body maps which help to support our risk assessments. These risk assessments, enhanced levels and intentional roundings of care are monitored by our monthly Star audits and any gaps of care are shared in monthly Amat summaries, which are shared with all our staff. Monthly training reports are received from our practice educator, which helps to identify which staff need to update and support delivery of safe patient care. When things do go wrong the submission of datix ( incident reporting) also help us to identify any lapses in care, themes, training needs and lessons learned that are shared widely with all staff.</p> <p>Incidents Ward 25 follows Trust Policy and guideline in relation to Care planning, risk assessments, device management and support any enhanced care requirements. Ward 25 has reported an high incidence of C Diff cases – action plans in place and lessons learned identified.</p> <p> Ward 25 Q2 Data 2022-23).xlsx</p>		
--	--	--	--	--

		<p><b>Safe care</b></p> <p> Staffing levels report June 2022.xlsx</p> <p> Staffing levels report August 2022.xlsx</p> <p> Staffing levels report July 2022.xlsx</p> <p><b>STAR</b></p> <p>June 73.5% July 91.3% August 85.1%</p> <p> Copy of Adult Inpatient STAR Month</p> <p> Amat summary.docx</p>		
--	--	--	--	--

		 <p>Amat summary July 2022.docx</p>  <p>Amat summary August 2022.docx</p>		
	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>Ward 25 encourage friends and family feedback process however our uptake from the patients is poor and are currently looking at how this can be improved. At present patient can complete these either on paper or via an app.</p> <p>All complaints, concerns and compliments received are shared with the team and any learning themes are discussed and minuted in staff meetings.</p> <p>FFT</p>  <p>Wd 25 Q2 FFT .docx</p> <p>Ward 25 patients are usually embedded within the Renal pathway and participate in the national yearly survey although this feedback is not specific to Ward 25 but can</p>	<p>1</p>	<p>Beng So (CD) Suzette Harrison (SBM) Cathy Taylor (Lead Nurse)</p> <p>Elizabeth Coleman (Matron)</p> <p>Amy Stringer (Ward 25 Manager)</p>

		<p>be influenced when the wider team in put into their continued care whilst an In patient PREM</p>  <p>PREM2021_Preston.p df</p>		
<b>Domain 1: Commissioned or provided services overall rating - Renal</b>			4	

## Domain 2: Workforce Health & Wellbeing

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
--------	---------	----------	--------	----------------------



<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Domain 2: Workforce health and well-being</b></p>	<p><b>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</b></p>	<p>Workforce &amp; Organisational Development strategy has a clear focus on support and inclusion, it comprises a 3yr health and wellbeing action plan, which includes a focus on tackling health inequalities. Specific support available to staff includes:</p> <p>Occupational health service providing pre-employment checks, management referrals and self-referrals.</p> <p>Services aimed at reducing health inequalities including: Health checks for COVID high risk colleagues including vitamin D screening, cholesterol screening, blood pressure checks, BMI</p> <p><b>Apr-Jul 2021</b> 145 colleagues 65 ethnic minority background 29 male 30 over the age of 60 79 had underlying health conditions 35 referred to GP for BP reading/health concerns 66 Vit D insufficiency and subsequent treatment</p> <ul style="list-style-type: none"> <li>• monitoring and lifestyle advice</li> <li>• Weight management programmes</li> <li>• Physical activity challenges</li> </ul> <p>Stress at work policy and associated risk assessment, for work related stress. COVID-19 risk assessment process. At least 94% of colleagues from ethnic minority backgrounds had COVID risk</p>	<p>2</p>	<p>Rachel O'Brien</p>
---	--	---	----------	-----------------------

assessment completed. Quality assurance audit completed on a selection of all completed COVID risk assessments.

In-house Psychological Wellbeing Service offering:

- A wide range of therapies from brief intervention to counselling and high intensity therapies
- Training for managers in psychological support
- Delivering mental health drop-ins
- A mindfulness offer comprising short sessions and courses in mindfulness based cognitive therapy
- Embedded process of supportive outreach calls to colleagues who are absent from work due to mental health related reasons

Occupational Health Physiotherapy service, colleagues can self-refer for advice, guidance and physiotherapy sessions, to support MSK health.

All colleagues have access to the Vivup employee assistance programme, offering support across the full range of health and personal issues. Access to a 24/7 helpline, 6 free telephone counselling sessions, podcasts, blogs, self-help books and free apps.

Health and wellbeing intranet page providing information, resources, and signposting in relation to a wide range of wellbeing topics.

		<p>Active health and wellbeing social media accounts allowing colleagues to access the latest information easily and quickly.</p> <p>Monthly HWB newsletter:</p> <ul style="list-style-type: none"> <li>• Signposting for physical activity, healthy eating and mental health support</li> <li>• Promotion of awareness campaigns planned via an annual campaign calendar e.g., know your numbers week, heart health, dry January, national no smoking day.</li> </ul> <p>Colleague access to alcohol awareness learning sessions delivered by Drinkaware, with e-learning to also be available from January 2023.</p> <p>Partnership working with Quit Squad to promote smoking cessation, joint delivery of pop-up health information stands at hospital sites.</p> <p>Policies developed through active engagement with ambassador forums, including living with disability forum.</p> <p>Our suite of supportive policies includes:</p> <ul style="list-style-type: none"> <li>• Attendance management policy</li> <li>• Supporting disability policy and agreement 72.6% of colleagues say the organisation has made adequate adjustments to enable them to carry out their work (WDES)</li> <li>• Flexible working policy</li> <li>• Agile working policy</li> </ul>		
--	--	--	--	--

- Ethnic minority colleagues are 0.74 times less likely to enter a formal disciplinary process than white colleagues (WRES)

Manager's educational programme, covering a range of workforce, wellbeing and OD topics including: Training for managers relating to reasonable adjustments and holding wellbeing conversations. See WRES indicator above

Annual health needs assessment and analysis conducted to assess workforce wellbeing needs, results shared and utilised to inform 3 year action plan. Satisfaction with health and wellbeing support is measured via the **annual Picker staff survey 2021, the organisation takes positive action on health and wellbeing:**  
56.9% National average  
58.4% Trust overall  
56.8% Disability  
63.4% Ethnicity  
56.3% Gay, Lesbian, Bisexual and other

New starters introduced to full range of wellbeing support available via organisation's welcome event.

<p style="text-align: center;"><b>Domain 2: Workforce health and well-being</b></p>	<p><b>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</b></p>	<p>Developed 3 year Violence Prevention &amp; Reduction Strategy, focused on preventing and reducing incidents from patients and service users.</p> <p>Self-assessment against national Violence Prevention &amp; Reduction standards, with significant improvements in compliance, since first assessment undertaken in 2021.</p> <p>Introduced early resolution policy to encourage speaking up. This compliments our raising concerns/freedom to speak up processes and call it out campaign.</p> <p>Datix incident reporting system, with incidents involving staff reported and analysed through the organisation's health and safety governance group.</p> <p>Zero tolerance toolkit in development, with launch imminent.</p> <p>Civility and respect awareness campaign.</p> <p>Schwartz rounds programme in place, with 12 month plan developed for 2023, including themes such as 'Calling it out' and 'I'm Human too.'</p> <p>Robust training programme for staff around conflict resolution, enhanced communication skills and de-escalation.</p>	<p>2</p>	<p>Rachel O'Brien</p>
---	---	---	----------	-----------------------

		<p>Significant expansion in security provision including in-house security workforce and bespoke security system.</p> <p><b>WRES:</b>  16.2% of colleagues from ethnic minority backgrounds experienced bullying, harassment and abuse from patients and the public (21.6% white colleagues)  18.2% of colleagues from ethnic minority backgrounds experienced bullying, harassment and abuse from colleagues (20.3% white colleagues)</p> <p><b>WDES:</b>  Colleagues reporting bullying, harassment, or abuse:  Disabled: 46.6%  Non-disabled: 46.1%</p> <p>Colleagues experiencing bullying, harassment, or abuse from patients, relatives or public:  Disabled: 27.7%  Non-disabled: 18.7%</p> <p>Colleagues experiencing bullying, harassment, or abuse from managers:  Disabled: 14.7%  Non-disabled: 18.7%</p> <p>Colleagues experiencing bullying, harassment, or abuse from colleagues:  Disabled: 24.2%  Non-disabled: 14.0%</p>		
--	--	--	--	--

		<p><b>Annual Picker staff survey 2021:</b>  13a) Not experienced physical violence from patients, relatives or public:  National average 85.7%  Trust Overall 86.1%  81.4% Disability  89.7% Ethnicity  73.3% Gay, Lesbian, Bisexual and other</p> <p>13b) Not experienced physical violence from managers:  National average 99.2%  Trust Overall 99.3%  99.0% Disability  98.4% Ethnicity  99.3% Gay, Lesbian, Bisexual and other</p> <p>13c) Not experienced physical violence from colleagues:  National average 98.3%  Trust Overall 98.2%  97.4% Disability  97.4% Ethnicity  96.6% Gay, Lesbian, Bisexual and other</p> <p><b>Annual Picker staff survey 2021:</b>  14a) Not experienced harassment, bullying or abuse from patients, relatives or public:  National average 74.0%  Trust Overall 78.8%  72.2% Disability  83.1% Ethnicity  68.9% Gay, Lesbian, Bisexual and other</p>		
--	--	---	--	--

		<p>14b) Not experienced harassment, bullying or abuse from managers:  National average 88.8%  Trust Overall 90.8%  85.5% Disability  91.6% Ethnicity  88.4% Gay, Lesbian, Bisexual and other</p> <p>14c) Not experienced harassment, bullying or abuse from colleagues:  National average 81.6%  Trust Overall 83.2%  76.2% Disability  82.4% Ethnicity  78.4% Gay, Lesbian, Bisexual and other</p>		
	<p><b>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</b></p>	<p>Support is available through a variety of sources including:</p> <ul style="list-style-type: none"> <li>• Union representatives</li> <li>• Freedom to speak up guardian and champions</li> <li>• Workforce teams</li> <li>• Psychological Wellbeing Service</li> <li>• Vivup employee assistance programme</li> <li>• Occupational health</li> <li>• Mental health first aiders</li> <li>• Safeguarding team</li> <li>• Volunteer incident supporters</li> </ul>	2	Rachel O'Brien



	<b>2D: Staff recommend the organisation as a place to work and receive treatment</b>	<b>Staff recommend the organisation as a place to work:</b> Q21c) National average 59.4% Trust Overall 56.6% 47.7% Disability 68.8% Ethnicity 47.0% Gay, Lesbian, Bisexual and other  <b>Staff recommend the organisation as a place to receive treatment:</b> Q21d) National average 66.3% Trust Overall 62.1% 55.4% Disability 72.6% Ethnicity 45.0% Gay, Lesbian, Bisexual and other	1	Rachel O'Brien
<b>Domain 2: Workforce health and well-being overall rating</b>			7	

### Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
--------	---------	----------	--------	-------------------

<p style="text-align: center;"><b>Domain 3: Inclusive leadership</b></p>	<p>3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities</p>	<p>Board members and those with line management responsibilities show their commitment to the equality and health inequalities agenda through their support regarding implementing the Equality Diversity and Inclusion (EDI) Strategy. All members of the Executive Team have an EDI objective set as part of annual objective setting.</p> <p>The Equality, Diversity and Inclusion Strategy Group reports to Executive Team, with aspects of the strategy also reporting into Workforce Committee (which also reports into the Executive team). Both the Executive team and the Workforce Committee receive a number of key equality-driven performance reports such as WRES, WDES, Gender Pay Gap within its routine cycle of business alongside strategy update-specific reports i.e. Annual EDI report. As sponsors of various colleague inclusion forums they also gather views and opinions on what can be done to improve key metrics.</p> <p>The Deputy Director for Workforce and Organisational Development chairs the Equality Strategy Group meetings with the Chief People Officer in attendance to provide Board representation. In the meeting Inclusion forum chairs, Trust Patient and Workforce EDI leads and Divisional EDI Leads across the Trust provides regular EDI Strategy updates. The Strategy Group provides Chairs reports to both the Workforce Committee and the Safety and Quality Committee.</p>	<p>2</p>	<p>Mandy Davis/Louisa Graham Organisational Development</p>
--	---	---	----------	---

<p style="text-align: center;"><b>Domain 3: Inclusive leadership</b></p>	<p>3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities ctd</p>	<p>The Chief Executive promotes key EDI messages through his Monday column and other communication channels, he also attends key celebration events such as International Nurses Day or events supporting Eid. All Board members have completed the Rainbow Badge elearning and wear their Rainbow pin badge as a sign of commitment and support, they also encourage the use of pronouns through their email signatures. Other Executive team members have supported diversity through attendance at community events such as Pride and the Health Mela.</p> <p>The Chief Executive and Chief Nursing Officer have taken part in an innovative reverse mentoring programme as mentees along with several other colleagues acting as mentors. The Lancashire &amp; South Cumbria Integrated Care System (L&amp;SC ISC) reverse mentoring programme involves colleagues in a senior position being mentored by someone in a more junior position than themselves. The programme gives our senior colleagues and leaders insights into what it is like to be working for our organisations as a colleague</p>		
--	---	---	--	--

<p style="text-align: center;"><b>Domain 3: Inclusive leadership</b></p>	<p>3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities ctd</p>	<p>who belongs to an under-represented/marginalised group.</p> <p>Members of the Board have supported and ICS wide Shadow Board programme to support the development of ethnic minority members of our community into Board level positions, this has included providing their own lived experience and career pathway into a Board position, to provision of mentoring to candidates on the programme.</p> <p>The Board incorporates patient and colleague stories into meetings which includes the lived experiences of those who identify as Black and minority ethnic, LGBTQ+ and Living with a Disability.</p> <p>The Chief Executive along with 2 other Board members and a Non-Executive director are sponsors of the respective Ethnicity, LGBTQ+ and Living with Disability Ambassador Forum's.</p> <p>One of the Trust's Non-Executive Directors has a national profile sitting on the Disabled NHS Directors Network. Her insights and lived experience as a wheelchair user have helped the Trust with its understanding of key issues such as patient and colleague experience, social value, health inequalities and determinants of health.</p>		
--	---	--	--	--

<p><b>Domain 3: Inclusive leadership</b></p>		<p>The Trust has signed up to the Disability Employment Charter. The Disability Employment Charter sets out nine areas supporting organisations to commit to putting interventions in place to address the disadvantage disabled people encounter in their working lives.</p> <p>The Trust is reviewing its EDI training and support offer through a trust wide EDI Training Needs Analysis.</p> <p>In late 2023 we will be delivering EDI Masterclasses to equip leaders and managers with the skills, competence and confidence to have conversations with colleagues about ethnicity, religion, disability, sexuality or generational differences aligned to their experience of work. As well as enabling them to understand what additional needs minority group colleagues may have and how we may be able to support them to fulfil their potential at the Trust.</p>		
--	--	--	--	--

	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<p>The Trust EDI Strategy signposts the need to identify health (and other) inequalities, risks and associated impacts and the action plan details the actions which will be taken to highlight, record and mitigate these risks.</p> <p>The Trust board and Workforce Committee workplans have sight and involvement in all of the national EDI reporting frameworks such as WRES, WDES, Gender Pay Gap and EDS listed and discussed at times of compliance and implementation.</p> <p>EDI is a theme in all of the Trust's underpinning organisational strategies which are developed to deliver the organisational vision and Big Plan. The Trust Board papers have a standardised template which requires the author to identify which of the Strategic Aims and the Big Ambitions the paper supports. Authors are also required to identify any financial or legal implications or risks associated with the content of the report.</p> <p>The Raising Concerns group is chaired by the Freedom to Speak Up (FTSU) Guardian, the FTSU Exec Lead, the FTSU Non Exec Lead, Chief Nursing Officer and other senior managers from Workforce, Organisational Development, Equality &amp; Diversity team, Risk/Governance and Corporate Comms. Risks identified from FTSU or themes from work being undertaken or identified from a</p>	2	<p>Mandy Davis/ Louisa Graham Organisational Development</p>
--	--	--	---	--

<p style="text-align: center;"><b>Domain 3: Inclusive leadership</b></p>	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed ctd</p>	<p>Workforce/OD/EDI/Governance/Education/ Comms team perspective are highlighted, discussed and actions proposed. Divisional DIF II (Confidential Risks) are discussed and reviewed. A risk register is maintained.</p> <p>All policies and business cases contain an equality impact assessment. A key component of the Equality Impact Assessment (EIA) is to make it very clear how any identified adverse impacts will be mitigated and managed. The EIA process is currently being reviewed to ensure there is improved guidance and support for those who are asked to complete an Equality Impact Assessment.</p> <p>All workforce policies are presented to the respective inclusion ambassador forums for their comment as part of their EIA.</p> <p>Annual strategic updates into the Workforce Committee on each strategic aim of the Workforce and OD Strategy contain analysis and reference to the actions undertaken in support of the EDI strategy. These include the Social Value Annual Report, Appraisal Annual Report, To Be Well Led Annual Report, Staff Survey Findings, Talent Management Update, Health and Wellbeing Annual Report etc. The reports highlight any</p>		
--	--	---	--	--



	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed ctd.</p>	<p>inequalities, the impact and the actions taken to bring about improvements or mitigate risks.</p>		
	<p>3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients</p>	<p>The annual cycle of Board papers ensure that workforce and patient related inequalities are considered, discussed and challenged to support further improvement, along with Divisional People Plans.</p> <p>Annual NHS Staff survey results are produced and published and form part of the WRES and WDES reporting process. The disaggregating of the NHS staff survey data enables the Trust Workforce Committee to understand the data and seek the necessary assurance that targeted evidence-based interventions will result in an improvement of key EDI performance indicators.</p> <p>Friends and Family and National Patients Survey Complaints and Compliment Patient Involvement and Experience</p>	<p>1</p>	<p>Mandy Davis/ Louisa Graham Organisational Development</p>

		<p>In recent months, the Trust is developing its working relationship with the new Lancashire and South Cumbria Integrated Care Board (ICB). The main expectation is that an ICB will:</p> <ul style="list-style-type: none"> <li>• Improve outcomes in population health and health care</li> <li>• Tackle inequalities in outcomes, experience and access</li> <li>• Enhance productivity and value for money</li> <li>• Help the NHS support broader social and economical development.</li> </ul> <p>There will be opportunities within the ICB system for Board members and system leaders to manage performance and monitor progress with staff and patients</p>		
<b>Domain 3: Inclusive leadership overall rating</b>			5	
<b>Third-party involvement in Domain 3 rating and review</b>				
<b>Trade Union Rep(s):</b> As part of Inclusion forum discussions		<b>Independent Evaluator(s)/Peer Reviewer(s):</b>		

**EDS Organisation Rating (overall rating):** Developing (16)

**Organisation name(s):** Lancashire Teaching Hospitals NHS 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**

<b>EDS Action Plan</b>	
<b>EDS Lead</b>	<b>Year(s) active</b>
Tim Brown – Diversity & Inclusion Practitioner	2022-2023
<b>EDS Sponsor</b>	<b>Authorisation date</b>
Interim Chief People Officer – Nicki Latham Chief Nursing Officer – Sarah Cullen	

<b>Domain</b>	<b>Outcome</b>	<b>Objective</b>	<b>Action</b>	<b>Completion date</b>
<b>Domain 1: Commissioned or provided services</b>	1A: Patients (service users) have required levels of access to the service	Patient Experience – Patient Experience & Involvement Strategy	<ul style="list-style-type: none"> <li>We will mandate collection of each protected characteristic to enable the analysis of inequalities and patient experience processes, functions and outcomes. We will organise reports within the organisation to enable teams to review data through the eyes of people with protected characteristics developing a road map for year 2</li> </ul>	Year 1

		Accessible Information Standard – Patient Experience & Involvement Strategy	<ul style="list-style-type: none"> <li>We will obtain a baseline of current standards that are met and mitigate any gaps creating an action plan towards making health care information accessible to identify, record, flag, share and meet information and communication support needs of patients, service users, carers and patients with a disability, impairment or sensory loss</li> </ul>	Year 1
	1B: Individual patients (service users) health needs are met	Driving Improvement – Patient Experience & Involvement Strategy	<ul style="list-style-type: none"> <li>Defining key programmes of work We will define key improvement (top 5 programmes of work) and initiate Plan-Do-Study-Act (PDSA) cycles on leading patient experience programmes of work.</li> </ul>	Year 1
	1C: When patients (service users) use the service, they are free from harm	Pts, carers, families and lay people as partners in safety – Patient Experience & Involvement Strategy	<ul style="list-style-type: none"> <li>We will align with the Always Safety First strategy and recruit to the role of Patient Safety Partners (PSP) representative of the community we serve. We will ensure that the PSP will reflect the diversity of the community we serve</li> </ul>	Year 1

	1D: Patients (service users) report positive experiences of the service	Thematic Analysis – Patient Experience & Involvement Strategy	<ul style="list-style-type: none"> <li>• Thematic analysis We will carry out a thematic analysis of patient complaints and concerns to be undertaken in each division, using the outcomes to inform areas of focus to improve patient experience. We will use this to understand gap where there may be an under-representation of feedback, and consider opportunities for feedback in the patient’s journey (for example mental health).</li> </ul>	Year 1
		Patients Key Contacts – Patient Experience & Involvement Strategy	<ul style="list-style-type: none"> <li>• We will respond to the feedback from patients with chronic or long term conditions who tell us that they value the role of a key worker as a point of contact to help navigate and support decision making. We will review what is working well and set this as our standard and benchmark where there are gaps in this provision</li> </ul>	Year 1

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	To ensure that our workforce and future workforce perceives us as an employer who takes positive action on health and wellbeing	<ul style="list-style-type: none"> <li>Deliver at least two health promotion campaigns that are specifically targeted for minority groups within our workforce, whom are more susceptible to certain diseases or conditions</li> <li>Align annual campaign calendar to promotional activities of EDI team</li> </ul>	31/3/24
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Improve on data from the most recent staff survey.	<ul style="list-style-type: none"> <li>Review data from the health needs assessment 2023, focusing on specific questions in this area</li> <li>Identify key areas for improvement and appropriate actions, comparing experiences reported by colleagues from protected groups</li> </ul>	30/9/23
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Improve communications regarding support available.	<ul style="list-style-type: none"> <li>Working collaboratively with the communication team to promote key HWB support services.</li> <li>Further expand our network of health and wellbeing champions, ensuring diversity within the group.</li> </ul>	31/3/24

	2D: Staff recommend the organisation as a place to work and receive treatment	Improve our metrics in relation to colleague satisfaction with support for wellbeing at work	<ul style="list-style-type: none"> <li>• Increase participation in health and wellbeing events.</li> <li>• Understand priority wellbeing needs of minority groups through analysis of health needs assessment data and through focus groups.</li> </ul>	31/3/24
--	---	--	---	---------



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	To raise the profile of EDI and the Core20 plus 5 health inequalities agenda within the Trust and at the ICB.	<ul style="list-style-type: none"> <li>Each Board member and VSM manager to have at least 1 EDI objective in their personal development plan.</li> <li>The Trust continues to attend Lancashire and South Cumbria Integrated Care Board and collaborates on addressing the key Equality, Diversity and Inclusion (EDI) and Health Inequalities priorities.</li> <li>2 further Board members and senior leaders to promote and participate in the next system level Reverse Mentoring offer</li> <li>5% of senior leaders in the Trust (8a and above) to attend the Trust's internal Reverse mentoring programme.</li> <li>Raise profile of EDI executive leadership through internal and external communications.</li> <li>Empower senior leaders by identifying and addressing any learning needs around cultural intelligence, equality, diversity and inclusion and health inequalities.</li> </ul>	<p>30<sup>th</sup> Sept '23</p> <p>Achieved and ongoing</p> <p>30<sup>th</sup> August '23</p> <p>31<sup>st</sup> Dec '23</p> <p>Achieved and ongoing</p> <p>Review results of EDI TNA – Sept '23</p>

			<ul style="list-style-type: none"> <li>• Include EDI questions in all senior manager recruitment (8a&lt;)</li> </ul>	1 <sup>st</sup> August '23
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	To keep the profile of EDI on Board / Committee and Training agendas and mitigate risks.	<ul style="list-style-type: none"> <li>• EDI and health inequalities are captured in the Trust and Divisional business plans to help shape work which addresses needs including relevant EDI metrics</li> <li>• Refresh and strengthen the Equality Impact Assessment training and support for colleagues across the Trust.</li> <li>• Capture the process for EIA assessments</li> <li>• EDI Team to work with Departmental and Service leads to ensure appropriate use of equality data in all departments, rather than it being reserved for EDI specific action plans or reports.</li> <li>• Go beyond the mandatory reporting requirements to explore equality in more depth i.e. in addition to Gender Pay Gap Report report on Race,</li> </ul>	31 <sup>st</sup> August '23 and ongoing  31 <sup>st</sup> July '23  31 <sup>st</sup> July '23  Ongoing  1 <sup>st</sup> December '23 for Jan '24 GPG report

			Disability and LGBTQ+ Pay Gaps.	
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	<p>To have access to relevant workforce and patient data in a timely manner (quarterly) to help Board Members have the necessary tools to manage performance and monitor progress with staff and patients.</p> <p>To support and strengthen the Inclusion Ambassador Forums and amplifying the voice of employees.</p>	<ul style="list-style-type: none"> <li>• Complete the High Impact Actions noted in the EDI Strategy Action plan to support increased representation, career development and reduction in bullying and harassment</li> <li>• Participate in the LSC ICB Belonging Delivery Board with the aim to improve WRES, WDES and Core20 plus 5 performance indicators.</li> <li>• To ensure that each inclusion ambassador forum is supported to provide peer to peer support and collaborate with efforts to ensure a Trust culture of equality, diversity and inclusion.</li> </ul>	<p>Various/ongoing</p> <p>Ongoing</p> <p>Ongoing – MOU agreed and Chairs forums in place</p>

Patient Equality Team  
NHS England and NHS Improvement  
[england.eandhi@nhs.net](mailto:england.eandhi@nhs.net)

---