Equality Delivery System 2022 Outcomes Report

February 2023

NHS Equality Delivery System (EDS)

Name of Organisation		Southport & Ormskirk Hospitals NHS Trust	Organisation Board Sponsor/Lead		
			Director of Finance		
Name of Integrated Care System		Cheshire & Merseyside ICS			
EDS Leads	Head of Education, Training & OD Interim EDI Lead		At what level has this been completed?		
				*List organisations	
EDS engagement date(s)			Individual organisation	Southport & Ormskirk Hospitals NHS Trust	
Domain 1 17.01.2023	Domain 2 23.01.2023	Domain 3 08.02.2023	Partnership* (two or more organisations)		
			Integrated Care System-wide*		

Date completed	09.02.2023	Month and year published	February 2023
Date authorised	21st February 2023	Revision date	N/A

Completed actions from previous year	
Action/activity	**Related equality objectives**
Establish staff networks – Ability, Multicultural and LGBT+	To strengthen a sense of belonging to the S&O community, whether a new or existing member of staff
Implement Reasonable Adjustments Action Plan for patients and workforce	To embed accountability and make workforce diversity an organisational priority
Undertake a full revision of the EIA Guidelines and Template	To embed accountability and make workforce diversity an organisational priority
Implement an EDI Training Programme for 2022/23	To embed accountability and make workforce diversity an organisational priority
Increase the EDI profile via improved communications – Twitter Facebook, Trust News, Team Brief	To embed accountability and make workforce diversity an organisational priority
Establish 'Addressing Inequalities' Task & Finish Group to reduce discrimination of the recruitment process	To improve the chances of getting on a shortlist when applying for a job or moving up the career ladder, especially if staff have a protected characteristic
Launch the Trust's Staff Voice Partnership 'Listening Plan' to ensure all staff have a voice to make improvements	To improve how supported staff feel as a member of the S&O community

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 1	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	**Patient Initiated Follow Up Service (PIFU)** • Co-design of MSK service includes members from protected characteristics to ensure the service provides adequate and appropriate access • Average wait time for a first or follow-up appointment within 4.5–5 weeks, meaning MSK service easily accessible in a timely way without excessive waits • Patient feedback states ease of accessing an appointment via self-referral, time/day suitable for patients 365 days a year. Patients pleased with positive wait time indicated in PREMs • Deliver clinics from 7am–7pm to suit certain patients and support patients who would like family, friend career support who may be in work. • Virtual appointment allows for family, carers to be added to support. • Hybrid appointment supports interpreters and sign language interprets being able to support patients in the service.	2	Consultant MSK Physiotherapy Practitioner
		Hypertension within the TIA Service • Evidence from the data gathered demonstrates that some protected characteristics do have adequate access to the service. However, due to some incomplete data, it is not possible to say that 100% of protected characteristics have adequate access to the service. • Friends and family feedback is not routinely collected from the TIA service. • The TIA service is available 5 out of 7 days (not available on weekends). Therefore, access to the service is limited to these days. 81% of all appropriate referrals are seen within 24hrs. • Following TIA presentation (and for those who did not attend) a detailed letter is sent to GP for 100% of patients. The majority of these include current BP and a clear management plan.	(1)	Directorate Manager

Domain 1	Outcome	Evidence	Rating	Owner (Dept/Lead)
	1B: Individual patients (service users) health needs are met	**Patient Initiated Follow Up Service (PIFU)** • Treatment plans are co-produced by practitioners with service users, therefore MSK service is tailored to suit service users throughout patient journey – PREMs data supports. • Through co-design of MSK service, continuous engagement takes place with patients through community groups to ensure patients health needs are highest priority • From co-production from patient feedback, we offer remote follow-up appointments to patients' choice. We explain the process and offer access support, connection testing, patient info – utilise chuck check technique to ensure suitability. • Treatment plans are co-produced by practitioners with service users, therefore MSK service is tailored to suit service users throughout patient journey – PREMs data supports. • Through co-designing of MSK service, continuous engagement takes place with patients through community groups to ensure patients health needs are highest priority • From coproduction patient feedback we offer remote follow-up appointments to patients – choice. We explain the process and offer access support, connection testing, patient info – utilise chuck check technique to ensure suitability.	2	Consultant MSK Physiotherapy Practitioner
		Hypertension within the TIA Service Patients with protected characteristics have equal access to the TIA service due to the urgent nature of the service. However, there are limitations of the service offered which may impact the ability for patients with a protected characteristic to access the service in a way which works for them: • The service is only delivered by a male consultant • The service is only available at certain times throughout the week (Mon, Tues, Thurs, Fri 9am-1pm and Wed 1pm-5pm) • The service is not available at weekends	(1)	Directorate Manager

Domain 1	Outcome	Evidence	Rating	Owner (Dept/Lead)
		Patient Initiated Follow Up Service (PIFU) • Through co-production work, the MSK service continues to work alongside system and community partners to improve safety outcomes for people, using existing data and driven by service need/risk • MSK service adheres to organisational policies around reporting any failures/near misses that could harm a patient. An improvement culture utilising Just Culture is promoted to allow for learning from any safety-related incidents. • Safety de-brief discussions, reflections and learning points.	2	Consultant MSK Physiotherapy Practitioner
	1C: When patients (service users) use the service, they are free from harm	**Hypertension within the TIA Service** Southport and Ormskirk NHS Trust has robust standard operating procedures and policies in place which enhance safety for all patients, including patients in protected characteristic groups, accessing all services, including the TIA service. These policies and procedures are underpinned by an overarching 'Equality, Diversity and Inclusion policy'. An 'equality impact assessment' forms part of all standard operating procedures and policies to ensure that all protected characteristics are considered in their implementation. The Trust has robust Health and Safety processes (supported by a H&S manager) to ensure that staff and patients feel confident in reporting incidents and near misses which can then be reviewed for potential improvements to take place. There is a need to share equality and safety data with community and system partners to further promote outcomes and encourage improvement cultures for the wider population.	(2)	Directorate Manager
	1D: Patients (service users) report positive	**Patient Initiated Follow Up Service (PIFU)** • Patient Rated Experience Measures (PREMs) demonstrate peoples overall very good/ excellent experience in the MSK service. • We foster an inclusive approach to ensure all patients' voices are heard and acted on.	2	Consultant MSK Physiotherapy Practitioner

Domain 1	Outcome	Evidence	Rating	Owner (Dept/Lead)
	experiences of the service	**Hypertension within the TIA Service** Although the service receives verbal and anecdotal positive feedback, patient feedback is not routinely collected from patients accessing the TIA service and so it is not possible at this stage to act upon potential links between staff, service delivery and patients through the creation of SMART, evidence-based action plans. The Trust does, however, have friends and family tests for other services. This can be adapted to the TIA service to monitor and act upon patient satisfaction when accessing the service.	(0)	Directorate Manager
Domain 1: Commissioned or provided services overall rating			**PIFU 8**	

Domain 2: Workforce health and well-being

Domain 2	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	• Policies – Management of Attendance, Long Term Health Conditions, Work life Balance • Staff Zone Trust's Intranet - types of support available • Occupational health and wellbeing department - assist and refer to counselling and other psychological support services, Making Every Contact Count (MECC), Signposting and referral if appropriate. • Wellbeing Champions – Ambassadors of Hope • Stress risk assessments – for managers and staff to identify proactive actions / reasonable adjustments, temporary or permanent • Wellbeing Conversations – managers to hold conversations with each member of their team / part of Appraisal Form • Employee Assistance Programme - available through Vita Health • Stress risk assessments – for managers and staff to identify proactive actions / reasonable adjustments, temporary or permanent • C&M Hub - signpost to additional resources is available • Mental Health Foundation – information available - how to manage/reduce stress and how to manage mental health at work • Menopause - guidance and information • Staff Networks - Ability, Multi-cultural and LGBT+ • Zero Suicide Alliance - training is available for all staff • Schwartz Rounds - insightful way to engage with others who work in similar environments • Reasonable Adjustment Guidelines & Ability Passport • Staff Voice Partnership - #makeyourvoicecount – Trust listening plan • Flexible Working Opportunities	1	Assistant Director of Occupational Health & Wellbeing
	2B: When at work, staff are free from abuse, harassment, bullying and	• Dignity at Work Policy (PERS 37) - held on the Trust's Intranet site and available for all staff • Trust induction - the Trust emphasises the importance of Civility and Respect in the workplace, encouraging people to speak out and challenge appropriately • Civility & Respect – campaign & training	2	Senior HR Business Partner

Domain 2	Outcome	Evidence	Rating	Owner (Dept/Lead)
	physical violence from any source	• Just and Learning Culture - The Trust has invested in the application of a process in which it aims to deal with matters at the lowest possible level to avoid lengthy and protracted investigations where this is possible • Zero Tolerance of Violence - staff campaign • Increase in Security Staff – Manager & site security • Dignity at Work (Bullying and Harassment) - numbers of cases of fluctuate year on year • Staff support – Line management, OH, Cultural Ambassadors, Wellbeing Champions, Staff Side, FTSU		
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	• Occupational health and wellbeing department - assist and refer to counselling and other psychological support services • Employee Assistance Programme - available through Vita Health • Welfare provision - is made along with referral for psychological support where necessary • C&M Hub - signpost to additional resources is available • Stress risk assessments – for managers and staff to identify proactive actions / reasonable adjustments, temporary or permanent • Staff Networks - ability, multi-cultural and LGBT+ • Freedom to Speak Up Guardian – plus champions • Staff Zone Trust's Intranet - types of support available • Wellbeing Conversations – managers to hold conversations with each member of their team / part of Appraisal Form • Schwartz Rounds - insightful way to engage with others who work in similar environments • Zero Suicide Alliance - training is available for all staff • Menopause - guidance and information • Positive Approach - taster session • Civility and respect - training and assertiveness techniques • Fair Employment Charter – application in process, focus on 'Healthy, Fair, Inclusive & Just' • Mental Health Foundation – information available - how to manage/reduce stress and how to manage mental health at work	2	Assistant Director of Occupational Health & Wellbeing

Domain 2	Outcome	Evidence	Rating	Owner (Dept/Lead)
	2D: Staff recommend the organisation as a place to work and receive treatment	2021 – 53.9% recommend as a place to work 2022 – 50.8% recommend as a place to work 2021 – 53.8% happy with standard of care 2022 – 52% happy with standard of care • Workforce & OD Strategy & 'Our People Plan' / Sense of Belonging Action Plan • Policies – EDI, Transitioning in the Workplace, EIA Framework, Dignity at work, Long Term Conditions • Staff Networks – Ability, Multi-cultural, LGBT+ / Exec-Led Special Interest Group • WRES / WDES / Gender Pay Gap Reports • #SOInclusive Campaign – staff voices, cultural events, Liverpool Pride, Black History Month, Zero Suicide • Reasonable Adjustment guidelines & Ability Passport • Recruitment & Selection Working Group – addressing inequalities • International Recruitment – dedicated support / 'Stay & Thrive' Programme • Nursing Workforce Strategy - AHP & Medical Workforce Strategies (in development) • Career Frameworks - Nursing / HCSW / MSW & Operations • Staff Voice Partnership – Trust Listening Plan, #makeyourvoicecount • Preceptorship Programme – Nursing (AHP) • Apprenticeships / Q.I Programmes • Leadership Development – core offer • Core management essentials - under development • Flexible Working available • Staff Facilities - Task & Finish Group • Just and Learning Culture promoting Civility & Respect • Warm welcome – interactive, focus on values & behaviours • Increased Digitalisation Programme • Shaping Care Together & StHK partnership – reduce fragile services, improve patient safety • A&E facilities – investment / improved patient experience • Risk management – deeper scrutiny & increased communications • Staffing levels – international recruitment, key consultant appointments	1	Head of Education, Training & OD

Domain 2	Outcome	Evidence	Rating	Owner (Dept/Lead)
		• Improved patient services - Discharge Lounge / Endoscopy Unit / Clinical Decision Unit / 2nd CT Scanner • Specialist appointments - Learning Disabilities Specialist Nurse, Admiral Nurses • Reasonable Adjustments Working Group - Interpreter and Translation Services, Accessible Information Standards, reasonable adjustments guidelines • Clinical Digital Board – Careflow, CareConnect • WIFI upgrade – for patients & staff		
Domain 2: Workforce health and well-being overall rating			**6**	

Domain 3: Inclusive leadership

Domain 3	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 2: Workforce health and well-being	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	• Workforce Committee - Public Sector Duty Reporting e.g. WRES. WDES, Gender Pay Gap • Shaping Care Together/StHK Partnership – focus on fragile services/improve patient safety • Staff Networks 2022/23 - Ability, Multi-Cultural & LGBT+ (2022) • Exec promotional video / Exec attendance • Exec-led EDI Special Interest Group – new for 2023 • Valuing our People Inclusion Group – AAA report to Workforce Committee • Patient Experience Group - AAA report to Quality & Safety Committee • Reasonable Adjustments T&F Group – focus on staff & patients • Addressing Inequalities – focus on recruitment & selection process • NHS Prevention Pledge – adoption process commenced Sept 2022 • Focus on how services and environment are shaped to promote and support good health and increased life expectancy • Fair Employment Charter – achieved 'Aspiring Level' Jan 2023 • Focus on 'Healthy, Fair, Inclusive & Just' for the workforce • Charter Marks - Disability Confident Employer, Navajo Charter Mark (2022) • EDI Training / Exec Team Brief • Cultural awareness, Trans Awareness, EIA, Unconscious Bias, Reasonable Adjustments • Chair of NHS NW Dyslexia Network – individual support • Employee Lifecycle – SCOPE Values embedded in induction, appraisals, wellbeing conversations • Events - Liverpool Pride June 2022, Black History Month, staff cultural awareness videos • International new recruits – dedicated work/home support • 'Stay & Thrive' programme • #SOInclusive communications - Twitter & Facebook EDI campaigns, inclusive wall planners/desktop calendars • H&W Staff Zone – physical, mental and financial health & wellbeing, 'wobble' rooms, flu & covid vaccination programme	2	Executive Team

Domain 3	Outcome	Evidence	Rating	Owner (Dept/Lead)
		• Staff Voice Partnership - #Makeyourvoicecount • Freedom to Speak Up Guardian – FTSU Champions • Reward & Recognition – Time to Shine Awards, Greatix		
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	• Workforce Committee - Public Sector Duty Reporting • WRES, WDES, Gender Pay Gap, Patient & Workforce Equality monitoring • Shaping Care Together/StHK Partnership – discussed at Board • Valuing our People Group – EDI standing agenda item, reports to WFC • Joint Negotiating Committee - EDI standing agenda item, reports to WFC • Revised Equality Impact Assessment Toolkit & Guidance – to be embedded • Quality Panels - service changes - EIA process in development • Cost Improvement Programmes (CIP) – EIA process in place • Policies – EIA completion required for all policies • BME risk assessments - undertaken throughout Covid	2	Executive Team
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	• WFC Committee – 'Our People Plan' Report/Sense of Belonging Action Plan • Board & Committees - Patient & Staff Stories, WRES/WDES, Gender Pay Gap • WFC & JNC – review EDI policies e.g. Transitioning in the workplace, EDI • Equality Impact Assessment Toolkit - revised 2022 • Patient Experience Group – Healthwatch & PALS - AAA report to QSC • Reasonable Adjustments T&F Group – overarching action plan • Addressing Inequalities Group – focus on recruitment & selection • Investment in key posts/services – Learning Disabilities, Dementia & Delirium Team, Falls Specialist Nurse, Dementia Garden, new signage • Exit Interviews – embed into Staff Voice Partnership	1	Executive Team
Domain 3: Inclusive leadership overall rating			**5**	
Third-party involvement in Domain 3 rating and review				
Trade Union Rep(s): Staff Side Lead		**Independent Evaluator(s)/Peer Reviewer(s):** Cheshire & Merseyside ICB & StHK EDI Peer Review		

EDS Organisation Rating (overall rating): 19

Organisation name(s): **Southport & Ormskirk 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**

EDS Action Plan	
EDS Lead	**Year(s) active**
Head of Education, Training & OD Interim EDI Lead	2023/24
EDS Sponsor	**Authorisation date**
Director of Finance	21st February 2023

Domain 1	Outcome	Objective	Action Plan	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service 1B: Individual patients (service users) health needs are met	Continuous improvement against each outcome to ensure the service meets the needs of patients and the community we serve	**Patient Initiated Follow Up (PIFU)** • Further partnership working with VCSE organisations required to continue to support groups identified as seldom heard. • Monitor patient feedback to show patients consistently report very good or excellent (or the equivalent) when asked about accessing services. • Continue to embed personalised care into the care delivered as an organisation for those with higher risks due to a protected characteristic. • Further develop procedures/initiatives in place to enhance safety in services for all patients in protected characteristic groups where there is known H&S risks. • Seek assistance to collect data to demonstrate the positive impact the MSK service is having to show those with protected characteristics and other groups at risk of health inequalities, have tailored access to the service. • Demonstrate that the organisation has knowledge of barriers and have changed outcomes for people who experience those barriers in accessing services • Staff and patients are supported and encouraged to report incidents and near misses.	2023/24

Domain 1	Outcome	Objective	Action Plan	Completion date
	1C: When patients (service users) use the service, they are free from harm 1D: Patients (service users) report positive experiences of the service		**Hypertension within the TIA Service** • Collection of missing protected characteristics data • Implementation of friends and family feedback for the TIA service • Improve access to the service (currently 81%) • Explore how the service can be delivered in a way which meets the needs of all individual service users at a time which suits the patient • Share equality and safety data with community and system partners to further promote outcomes and encourage improvement cultures for the wider population • Adapt existing feedback processes to the TIA service to monitor and act upon patient satisfaction when accessing the service.	2023/24

Domain 2	Outcome	Objective	Action Plan	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 staff awareness of how to access support & resources	Launch the Reasonable Adjustments Guidelines & 'Ability' Passport to support staff to actively manage their condition(s) Provide access to catering 24/7 & the promotion of healthy meal deals Actively promote the Staff H&W Services Embed wellbeing conversations into management skills training	2023/24
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Reduction in staff reporting abuse, harassment, bullying or physical violence from any source	Raise awareness of the zero-tolerance policy for verbal and physical abuse Deliver civility & respect training programme for all staff Support staff with protected characteristics via staff networks (plus other means) to report and refuse treatment to patients who verbally or physically abuse them. Provide support via Staff Networks & other means to raise suggestions for improvement to organisational processes Work with Merseyside Police to deliver training re: hate crime	
	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 how to access support & resources	Embed the RCN Cultural Ambassadors programme to support staff to speak up and feel supported when they do so Partner with staff side colleagues and Freedom to Speak Up colleagues to support staff to raise concerns and feel supported Embed the EIA process into policy & procedural development Improved spotlight on equality and health inequalities of the workforce via increase engagement & EDI events calendar	
	2D: Staff recommend the organisation as a place to work and receive treatment	Increase Staff Voice Partnership listening plan impact with 'You said We did' model	Increase the visibility & activity of the Staff Voice Partnership and the "You said, We did" model linking this with staff survey, pulse surveys and exit surveys to understand and improve employee experience Management Development Offer – improved access to management training focussed on values & excellent management skills	

Domain 3	Outcome	Objective	Action Plan	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	Further embed EDI as a core agenda throughout the organisation	Board members and senior leaders to: • implement both equality and health inequalities as standing agenda items in all board and committee meetings. • meet frequently with staff networks. • Identify more than one senior sponsor. • increase sponsorship of religious, cultural or local events and/or celebrations. • hold services to account, allocate resources, and raise issues relating to equality and health inequalities on a regular basis. • implement the Leadership Framework for Health Inequalities Improvement. • demonstrate commitment to health inequalities, equality, diversity and/or inclusion. • actively communicate with staff and/or system partners about health inequalities, equality, diversity and inclusion.	2023/24
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Identify the evidence to show how the Board is committed to the EDI agenda throughout its governance & assurance processes	Board members and senior leaders to: • ensure equality and health inequalities impact assessments are completed for all projects and policies and are signed off at the appropriate level where required. • Ensure staff risk assessments, specific to those with protected characteristics, are completed and monitored (where relevant). • ensure the WRES, WDES and/or NHS Oversight and Assessment Framework are used to develop approaches and build strategies. • Ensure equality and health inequalities are reflected in the organisational business plans to help shape work to address needs	

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	Embed the EIA process throughout service changes or development to identify benefits and improve health inequalities	Board members, system and senior leaders to • ensure the implementation and monitoring of the relevant tools as stated below: • interventions for unmet goals and objectives are present for those tools as stated below: • actively support those experiencing the menopause within the working environment. • work with system partners to refocus work, to meet unmet need and demonstrates change • show year on year improvement using Gender Pay Gap reporting, WRES and WDES. • monitor the implementation and impact of actions required and raised by the below tools: **Tools:** WRES (including Model Employer), WDES, NHS Oversight and Assessment Framework, Impact Assessments, Gender Pay Gap reporting, staff risk assessments (for each relevant protected characteristic), SOM, end of employment exit interviews, PCREF (Mental Health), EDS 2022, Accessible Information Standard, partnership working – Place Based Approaches	