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| NHS Equality Delivery System 2022 |
| EDS Reporting Template |
| Calderdale and Huddersfield NHS Foundation Trust |
| 14 April 2025 |

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| Classification: Official |
| Publication approval reference: PAR1262 |

## 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/](http://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 leadersof 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 Reportis 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](mailto:england.eandhi@nhs.net) and published on the organisation’s website.

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| **Name of Organisation** | | Calderdale and Huddersfield NHS Foundation Trust | **Organisation Board Sponsor/Lead** | | |
| Rob Aitchison, Health Inequalities  Suzanne Dunkley – Workforce EDI | | |
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| **Name of Integrated Care System** | | West Yorkshire |
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## NHS Equality Delivery System (EDS)

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| **EDS Lead** | Alex Keaskin, Patient EDI  Nicola Hosty, Workforce EDI | | **At what level has this been completed?** | |
|  |  |  |  | **\*List organisations** |
| **EDS engagement date(s)** | 2nd, 3rd and 10th December 2024 (Domain 1)  3rd April 2025  (Domains 2 and 3) | | **Individual organisation** | NHS Calderdale & Huddersfield Foundation Trust |
|  |  |  | **Partnership\* (two or more organisations)** | Huddersfield University, Locala, Kirklees and Calderdale Place |
|  |  |  | **Integrated Care System-wide\*** | West Yorkshire ICB |

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| **Date completed** | 14 April 2025 | **Month and year published** | July 2025 |
| **Date authorised** | June 2025 | **Revision date** |  |

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| **Completed actions from previous year** |

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| EDS Organisation Rating (overall rating): Achieving |
| Organisation name(s): CHFT |
| 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**  **CHFT Domain 1 Presentation Scores**  Monday 2nd December – Cancer, early diagnosis. Stakeholder score- **DEVELOPING**  Tuesday 3rd December – Suicide Prevention. Stakeholder score- **ACHIEVING**  Tuesday 10 December – End of Life. Stakeholder score- **ACHIEVING**  Average stakeholder score - **ACHIEVING** for domain 1  **CHFT Domain 2 & 3 Presentation Scores**  Thursday 3rd April 2025 – Workforce Health and Wellbeing (Domain 2) and Inclusive Leadership (Domain 3)  Stakeholder score- **ACHIEVING** for both domains |

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| EDS Organisation Rating (overall rating): Achieving |
| Organisation name(s): CHFT |
| 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**  **CHFT Domain 1 Presentation Scores**  Monday 2nd December – Cancer, early diagnosis. Stakeholder score- **DEVELOPING**  Tuesday 3rd December – Suicide Prevention. Stakeholder score- **ACHIEVING**  Tuesday 10 December – End of Life. Stakeholder score- **ACHIEVING**  **CHFT Domain 2 & 3 Presentation Scores** |

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| Domain 1: Commissioned or provided services |
| **Service 1 –Cancer, early diagnosis– Presentation held 2nd December 2024** |

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| **Domain** | **Outcome** | **Evidence** | **Rating** | **Owner (Dept/Lead)** |
|  |  | The Non site specific (NSS) The service has been in place since 2019. Towards the end of 2022 we undertook an exercise to review if all our localities were accessing the service and look at what we needed to put in place to ensure the service met the needs of the patients from across our patch.  The pathway offers a dedicated referral route for patients who present to their GP with vague symptoms e.g., abdominal pain, weight loss, or there is GP concern. Because this group of patients don’t fit the criteria to be referred on a cancer specific pathway they would have often experienced multiple appointments with their GP, been referred into a number of, secondary care services and experienced multiple investigations. Patients would have experienced delays in diagnosis when multiple referral pathways were involved. Anyone who is on the non site specific pathway can expect to have a ruling out, or diagnosis of cancer within 28 days. The service is also key to picking up some of the rarer cancers where the signs and symptoms are less clear, e.g., kidney, blood cancer. | Developing | Caroline Summers- Lead Cancer Nurse |
| **Domain 1: Commissioned or provided services** | 1A: Patients (service users) have required levels of access to the service | NSS pathways, along with other pathway improvements, are expected to contribute 2% to the early diagnosis ‘waterfall’ chart setting out how the Long Term Plan (LTP) ambition of 75% of cancers diagnosed at Stage I and II by 2028 will be achieved. Non-Site Service access is via GP or A&E. Referral criteria; weight loss in the absence of lower gastrointestinal symptoms, abdominal pain, and GP hunch/ suspicion. NSS pathways were originally proposed to create a dedicated referral route for patients who do not fit clearly into a single ‘urgent cancer’ pathway, as defined by NG12, but who are, nonetheless, at risk of being diagnosed with cancer. Identifying the best route for investigating or referring these patients can be a significant challenge and can lead to delays in diagnosis especially when more than one referral pathway is involved.   * Team circulated an annual snapshot to GP surgeries in May 2023 to raise the profile of NSS. * Attended PCN clinical director meetings with the aim of profile raising and widening reach. * Virtual and face to face appointments offered. * Reasonable adjustments offered. * Learning Disability (LD) flag on referral form, ensures the patient is seen in the right place – face to face appointment. * LD Patient Passport * LD friendly videos: CT scan, X-ray, Blood testing, MRI scan * Easy report booklets available at Huddersfield Royal infirmary (HRI), Calderdale Royal Hospital (CRH) and Acre Mills * Where English isn’t a first language translation services requested (Big Word). This is available for patients during the initial consultation and during diagnostic investigations. * Pathway Navigator provides a single point of contact for the patient to support with any additional needs. * Courtesy call to patient ahead of initial appointment and explanation of service. * Patient can be supported at appointments by family member/ carer. * Patients are able to contact staff by telephone Monday to Friday 9 to 5. * Virtual and face to face appointments offered. Innovation funding secured in 2023 to roll out the service to offer face to face appointments in the communities with poorer cancer outcomes and where individuals are less likely to come forwards due to cultural beliefs, barriers to access, refugee, asylum seekers etc., or where life style choices, air quality put patients more at risk. * Diagnostic appointments offered at HRI/ CRH closer to patient’s home. * Flexibility of appointments to meet needs of patient and carer. | Developing | Caroline Summers- Lead Cancer Nurse |
| 1B: Individual patients (service users) health needs are met | * Clinical triage, looks holistically at the patient, not investigated down a specific cancer pathway with limited investigations. * MDT includes a range of clinical professionals who offer expert knowledge to ensure a patient has a diagnostic plan to meet their needs. * Whilst NSS rules out or diagnoses a cancer of equal importance is pre-cancerous conditions e.g., adenomas, MGUS where patients are put on surveillance. * Prehabilitation screening offered to patients in nutrition, mental wellbeing and physical activity. Level 1 advice given, signposting to other services. * In-house smoking cessation services can be offered to patients. * Information about the service and diagnostic investigations provided in different languages, and formats e.g. videos. Talk about Endoscopy, a new website including videos/ animations – digital information and support in addition to leaflets & booklets (easy read) showing patients what to expect in terms of bowel preparation/ investigations. * Data, age, ethnicity, IMD and referrals by PCN is reviewed quarterly at team meetings and analysed to ensure the service is reflective of the communities across Calderdale and Kirklees. * Patients can be linked into cancer psychological services, as required. * Support for Unpaid Carers initiative – involving carers in joint decision making. | Developing | Caroline Summers- Lead Cancer Nurse |
| 1C: When patients (service users) use the service, they are free from harm | * The Team takes the approach of learning from incidents. Cases discussed at team meetings and actions recorded. * Divisional Patient Safety Quality Board Meetings are held monthly * The team utilise Datix/ InPhase for recording any risks/ near misses. * All patients are tracked to ensure timely access to diagnostic investigations. * Staff are trained in safeguarding. * Service feeds into internal governance structures; Cancer Delivery Group, Quality Committee and Calderdale, Health Inequalities. * Patient Experience and Inclusion Group and Huddersfield network meeting. | Achieving | Caroline Summers- Lead Cancer Nurse |
| 1D: Patients (service users) report positive experiences of the service | * Patient feedback questionnaire. This has been collecting on an on-going basis and a feedback questionnaire is sent out to patients once they have been discharged. This questionnaire can be accessed digitally or a paper copy circulated. * Friends and Family Test is available throughout the patient journey. Data can be reviewed by speciality and has been redesigned to specially monitor the experiences of those with protected characteristics. * NCPES scored well for time to diagnostic tests, unable to extract specific data around age/ gender/ ethnicity etc due to low number of responses. Plan to work collaboratively with Community Model of Support in Calderdale the aim to establish contact with need to reach groups, enabling their voices to be heard and help shape future services. It is envisaged support will be offered for assistance to complete NCPES and QOL forms with patients sharing their experiences. WY&H CA aware of our aspiration to have support from a project implementation manager to scope the feasibility of developing a similar model in South Kirklees. * Patient Representatives are recruited and work alongside our Cancer Information and Support Service * Patient Experience Focus Groups and Discovery Interviews take place annually. * PALS, and appreciations are monitored * Stakeholder feedback – GPs | Developing | Caroline Summers- Lead Cancer Nurse |

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| Domain 1: Commissioned or provided services |
| **Service 2 –Suicide– Presentation held 3rd December 2024** |

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| **Domain** | **Outcome** | **Evidence** | **Rating** | **Owner (Dept/Lead)** |
|  |  | People with mental health problems are at greater risk of wider inequalities and more likely to die earlier than individuals without a mental health condition.  The evidence used is population data, individual experiences, and interventions relating to people ending their own lives. | Achieving | Ian Noonan – Consultant Nurse for Mental Health |
| **Domain 1: Commissioned or provided services** | 1A: Patients (service users) have required levels of access to the service | * The Trust has published a Health Inequalities strategy which demonstrates a commitment to bold and dynamic interventions to deliver impactful change for the communities we serve. * CHFT has benchmarked to National Policy and guidelines (National Suicide Prevention Strategy, NICE guidelines) * Local suicide audit to looked at targeted local data. * Suicide prevention is on the board to bedside agenda. * Provision mapped against [Care Quality Commission report](https://www.cqc.org.uk/publications/themed-work/assessment-mental-health-services-acute-trusts) and recommendations about mental health provision in acute hospitals which both meets and exceeds expectation. * The Mental health liaison team use a mental health dashboard which shows that a psychosocial assessment is offered to everyone who presents to the Emergency Department with self-harm or suicidal thoughts. * Community practitioners are trained in initial suicide risk assessment and signposting to services dependent on need. | Achieving | ​Ian Noonan – Consultant Nurse for Mental Health |
| 1B: Individual patients (service users) health needs are met | * Service user evaluation through focus group shows the importance of ED for safety in emergencies. * BLOSM service for young people who promote social inclusion. * Screening for children presenting with self-harm and suicidal thoughts. * Burden of repeated assessments * Engaging and respectful communication with people but not always maintained between professionals – has informed training * Person centred care intentionally considering protected characteristics that lead to multi agency workshop. |  |  |
| 1C: When patients (service users) use the service, they are free from harm | * It is not possible to prevent all harm from suicide. As a provider and employer we have extensive systems in place to mitigate risk from harm and to promote inclusion. This includes funding a new role for mental health enhanced care support workers to promote engagement with care in the ED and to support transition to the ward if admitted. * Close links with Suicide bereavement services * Open learning culture and systems in place for continued improvement to support an embedded legacy including community, ED, ward, and at strategic levels | Achieving | Ian Noonan – Consultant Nurse for Mental Health |
| 1D: Patients (service users) report positive experiences of the service | * Focus group identifies inclusive practice and areas for improvement * Service user collaborated with environmental (ligature risk) assessment * Individual correspondence of thanks from community intervention. | Achieving | Ian Noonan – Consultant Nurse for Mental Health |

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| Domain 1: Commissioned or provided services |
| **Service 3 –**  **End of Life– Presentation held 10th December 2024** |

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| **Domain** | **Outcome** | **Evidence** | **Rating** | **Owner (Dept/Lead)** |
|  |  | At CHFT end of life and palliative care is provided by our ward multi-disciplinary teams, and in Calderdale community by CHFT services. In the acute hospital setting, if the needs of the patient are unable to be met by the treating team a referral is sent to the Hospital Specialist Palliative Care Team (HSPCT). Likewise in Calderdale community, the Calderdale community specialist palliative care team (CSPCT) and dedicated out of hours palliative care team (OOHPCT) provide specialist support to the treating team, patients, and families. The support they provide can be around symptom control, psychological (mental or emotional), social or spiritual needs. Before referral to the Specialist Palliative Care teams (SPCT), the treating team will gain the patients permission to complete the referral.  Our EOLC strategy recognises the importance of equitable access to specialist palliative care regardless of location, age, or vulnerabilities, and to provide accessible communication appropriate to age, condition and understanding. Also to ensure we meet the needs of people with protected characteristics such as people with learning difficulties/autism/mental health or sensory needs, recognising that their needs may be different. | Achieving | Gillian Sykes-  End of Life Care Facilitator |
| **Domain 1: Commissioned or provided services** | 1A: Patients (service users) have required levels of access to the service | * Learning from the Director of public health annual report: inequalities in the experience of death and dying is embedded within the Kirklees and Calderdale dying well programme, across all 4 workstreams. The 4 workstreams are – identification and care planning, stigma and communication, bereavement, and care at home. Some suggestions in the Bereavement workstream are – having a central point of bereavement resources, working with the Registrars, community champions and social prescribers, going out to our communities to ensure groups have access to bereavement information, such as local Mosques, women’s groups, mental health, alcohol, and homeless services. * Calderdale Integrated Care Board (ICB) have an innovation project - Gold Standards framework lite which is for early identification of patients in last year of life. This is hoped to be adopted across the locality. * Easy read and differing languages patient information leaflets – available on the Trust website for staff to print off. * My forever boxes are available to support children who have lost a significant adult or child. This team were finalists in this year’s Nursing Times awards. * 7-day face to face specialist palliative care team (SPCT) service with 24-hour professional advice line. | Achieving | Gillian Sykes-  End of Life Care Facilitator |
| 1B: Individual patients (service users) health needs are met | * Holistic needs assessment undertaken by the SPCT ensures health needs are met. * CHFT have developed a process to allow the quick release of a deceased patient, which helps to support our Muslim community. We also work closely with Calderdale GP teams to coordinate issues of Medical Certificate of Cause of Death (MCCD) and support the Medical Examiner process, ultimately to enable prompt registration of the patient’s death and enabling a same day funeral within our local community. * We are also recruiting End of life care (EOLC) Companions which are supported by the Chaplaincy team that can come and sit with dying patients. * SPCT is available in person 7 days a week (office hours) with a 24 hour on call professional advice line to ensure treating teams have access to support. * Staff have 24-hour access via the intranet to patient information in easy read booklets and different language booklets. There are also a number or resources for professionals to help guide palliative care treatment and support to patients and families. * On the intranet we have a section in the chaplaincy page ‘End of life care for patients of all faiths and cultures’ | Achieving | Gillian Sykes-  End of Life Care Facilitator |
| 1C: When patients (service users) use the service, they are free from harm | * Close links with Palliative Social Work Team to ensure any social issues or safety concerns are addressed. * Multi-disciplinary team approach, weekly review meetings to referrals encourage discussion of patient’s needs. * Feedback, incidences, and complaints received around end of life are acted on and lessons learnt are shared to improve practice and support the ward teams to deliver the best care. | Excelling | Gillian Sykes-  End of Life Care Facilitator |
| 1D: Patients (service users) report positive experiences of the service | * Annual national FAMCARE audit of the views of bereaved families is undertaken by the CHFT Calderdale Community SPCT and Out of Hours palliative care team (OOHPCT) which demonstrated the overwhelmingly positive impact of the services. * Compliments to the SPCT services are shared with the Quality team via Patient Advice and Liaison Service (PALS). * Calderdale community services achieve the preferred place of death for 95% of patients. | Achieving |  |

Note: End-of-Life care in the community is provided by Locala for Kirklees residents. CHFT and Locala work in partnership to ensure patients can receive end of life care in their own home. More information can be found here: [Director of public health annual report 2023/24: Death and Dying matters | Kirklees Council](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.kirklees.gov.uk%2Fbeta%2Fdirector-of-public-health-annual-report%2F2023-2024%2Findex.aspx&data=05%7C02%7CLynsey.Nicholson%40cht.nhs.uk%7Cca9f7bb300214c70bb5e08ddba2fb2e4%7Ca2467a44f21b47538241e03a3d26a01f%7C0%7C0%7C638871436202081911%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=T4F1f5dam3OVpGwZpg20ArpbbgP7W2%2BYyA1NXBADquo%3D&reserved=0)

Domain 2: Workforce health and well-being

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| **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 | Spotlight on Occupational Health  Colleagues are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions upon receiving a management referral into the OH service.  During the period April 2024 to March 2025, occupational health received specific referrals as follows:   * Respiratory illness  24 * Obesity  0 * Diabetes  0 * Hypertension 4 * Mental health  297   It is important to note that as clinicians take a holistic approach, they often assess clients with these conditions even when the primary referral reason was something different.  Our general wellbeing offer focuses on financial, social, physical and mental wellness  Our core wellbeing interventions are our internal Wellbeing Connect service and the Employee Assistance Programme hosted by Vivup, who provide free wellbeing support 24/7, 365 days a week.  We have hosted a wellbeing festival in 2024 focussing on themes such as mental wellbeing and financial education These events help connect colleagues to wellbeing support and discuss issues such as mental health, financial wellbeing and general dietary advice and fitness.  We have 78 wellbeing ambassadors in the organisation who are colleague volunteers who support teams locally and connect people to support quickly.  CHFT worked with West Yorkshire Health and Care Partnership to become a Menopause Accredited Friendly Employer in 2023. We have a Change Society (menopause) peer support network with 97 members, and they have been influential to support the organisation to ensure we have a menopause policy and gained the accreditation.  We have a dedicated colleague psychology team who are trained in EMDR and help inform our people approach through a psychological lens. The team have led a programme where 14 colleague volunteers are trained to host critical event peer support debriefs in the organisation.  Schwartz Rounds and Compassionate Leadership Programmes are hosted by Place, CHFT promote the programmes across the CHFT footprint via communication channels CHFT News.  We have designed a comprehensive wellbeing offer. The offer focuses on four themes social, physical, financial, and mental. Activities include:   * Engaging, clear communications – signposting colleagues to support * Induction * Refreshed appraisal approach including wellbeing check-in, including improved conversations regarding colleague development. * New to manager – wellbeing module * Management fundamentals – how to have an effective wellbeing conversation * Connect and Learn Session – Health & Wellbeing Conversations * Charity promoting physical challenges for colleagues to get involved in * Top up shops – discreet food banks / recycled clothing for colleagues * Cost of Living – focus on financial education, access to low-cost loans through salary finance, credit union and wagestream * Flexible/Agile Working options * Menopause peer support group including education and advice * Equality peer support groups * Check in and Check out Framework * Reduced Rate gym memberships | Achieving | N Hosty |
| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | Results from the 2024 staff survey highlight that colleagues are reporting:  Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public:  2022 - 73.6% 2023 - 72%  2024 – 75.9%  Not experienced harassment, bullying or abuse from managers:  2022 - 91.5% 2023-– 91.4%  2024 – 92%  Not experienced harassment, bullying or abuse from other colleagues:  2022 - 82.9% 2023 - 82.2%  2024 – 83.7%  Last experience of harassment/bullying/abuse reported:  2022 - 47.3% 2023 - 47.7%  2024 – 49.3%  Staff survey data highlights that the position improved  Tools that have been implemented to support colleagues are:   * Violence and Aggression policy * Freedom to speak up portal and ambassadors * Workforce Race Equality Standard and Workforce Disability Equality Standard data analysis and supporting action plans * Race Equality Network Peer Support Group * Mens Health Peer Support Group * Pride Peer Support Group * Change Society Peer Support Group * Womens Peer Support Group * Disability Peer Support Group * Carers Peer Support Group * International Recruits Peer Support Group * Mentoring |  |  |
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | * Employee Assistance Programme portal and counselling service * Wellbeing Connect * Freedom to Speak up channels * Wellbeing Ambassadors * Union relationships * Signposting to external resources |  |  |
| 2D: Staff recommend the organisation as a place to work and receive treatment | Staff Survey 2024 results compared to 2023 staff survey results showed:  Would recommend organisation as place to work:  2022 - 56.8% 2023 - 62.8%  2024 – 58.4%  If friend/relative needed treatment would be happy with standard of care provided by organisation:  2022 - 64.2% 2023 - 66.9%  2024 – 62.4%  Negative movement from the previous year  Reporting comparatively against the benchmark average |  |  |
| **Domain 2: Workforce health and well-being overall rating** | | | Achieving |  |

## Domain 3: Inclusive leadership

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| **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 | Board members,(Band 9 and VSM) are executive sponsors of the equality networks (Pride, Disability, Womens Voices and Race Equality Network)  We have developed an inclusion group that includes board members, (Band 9 and VSM) who ensures that:  All inclusion activity is aligned to One Culture of Care  We adopt a Trust wide view as well as focus attention on a service and/or colleague group perspective  We focus on how Equality, Diversity & Inclusion (ED&I) activity that can help delivery of Trust objectives and priorities  We advocate a multi-disciplinary approach to ED&I activity and engagement  We focus attention on clinical and non-clinical work groups  We look at providing an outstanding colleague experience for all  We work collaboratively  We accept we are all learning more about the ED&I agenda as we progress the conversation  Those with line management responsibilities have access to an equality, diversity and inclusion education suite available through management fundamentals learning platform. EDI modules are included in the New to Manager and Empower programmes.  A Board diversity action plan is active and equality, diversity and inclusion is discussed regularly at Workforce Committee.  Equality, Diversity and Inclusion is also a chapter in the people strategy  A Board Development session focussing on Inclusion at CHFT was held in December 2024 and topics discussed include:  Definitions and differences  One Culture of Care  Demographics  Board diversity  Legislation  Governance  Obligations  Work within Maternity services led by senior maternity leadership team to understand and address health inequalities within maternity services through data intelligence, digital inclusion and ante natal care in HX1  Patient stories are shared with Board  Use of a “Health Inequalities Flag” to identify patients at increased risk of experiencing inequalities. The tool is now being used within outpatient services, maternity and cancer services to prioritise support to those who need it most.  Senior managers attend and support activities that are in our One Culture of Care Inclusion Calendar  Active Calderdale Transformation Alliance partnership to target inequalities in physical activity levels  Workforce committee members have actively been involved in the development of the new three year Inclusion Strategy 2025-2028 | Achieving | N Hosty |
| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | We have a health inequality network that is chaired by the Deputy Chief Executive that focuses on the four areas  1 Connecting with our communities  2 Lived Experience  3 Data  4 Inclusive Workforce  Outputs from the health inequality network are shared with the Board  Board minutes evidence Board members commitment to equality and health inequalities through discussions at Board meetings.  Strong commitment from the leadership team for health inequalities - Deputy Chief Executive is Executive Director lead for health inequalities with input from Public Health.  Commitment to improving the health inequalities of people with a learning disability, including prioritising people on a surgical waiting list.  Health Inequalities Group – reviews progress with our HI strategy and identifies further opportunities for action and collaboration.  Each paper, policy and service change to board or senior committee requires authors to provide a statement that an equality impact assessment has been undertaken, mitigations stated and acted upon  Accessible Information Standards Policy approved by Weekly Executive Board December 2024.  We also discuss progress against the inclusion strategy, WRES action plan, WDES action plan, gender pay gap annually at Workforce Committee |  |  |
| 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 | Equality Impact Assessments and Quality Impact Assessments are expected to be undertaken for all papers.  Health inequalities, equality diversity and inclusion for patients and workforce and discussed periodically with board members and system leaders.  Health inequalities activity monitors patient access and experience through an inequalities lens quarterly. Performance metrics include reporting on patients with a learning disability, patients from high areas of deprivation (IMD 1 and 2), patients from an ethnic minority group in relation to 5 key metrics: Cancer faster diagnosis standard, patients waiting more than 40 weeks from referral to treatment, patients waiting less than 6 weeks for a diagnostic test, emergency care standard and outpatient DNAs. Work in pilot areas to reduce DNA equalities on small scale shown success.  Workforce inclusion is managed through workforce committee, health inequalities will be monitored through health inequalities group and patient experience through quality and patient experience committee. WRES/WDES, EDS22 and gender pay gap performance is discussed at workforce committee.  We discuss progress against the inclusion strategy, WRES action plan, WDES action plan, gender pay gap annually at equality network meetings |  |  |
| **Domain 3: Inclusive leadership overall rating** | | | Achieving |  |