

## NHS Equality Delivery System (EDS)

<b>Name of Organisation</b>		North Staffordshire Combined Healthcare NHS Trust	<b>Organisation Board Sponsor/Lead</b>		
			Frieza Mahmood, Chief People Officer		
<b>Name of Integrated Care System</b>		Staffordshire and Stoke on Trent ICS			

<b>EDS Lead</b>	Janice Ogonji, Inclusion & Belonging Lead		<b>At what level has this been completed?</b> Trust		
				<b>*List organisations</b>	
<b>EDS engagement date(s)</b>	<ul style="list-style-type: none"> <li>• PCDC 30.06.2025</li> <li>• Trade Union Rep 26.05.2025</li> <li>• Domain Owners in consultation with their teams (May 2025)</li> </ul>		<b>Individual organisation</b>	Yes	
			<b>Partnership* (two or more organisations)</b>	Not undertaken	
			<b>Integrated Care System-wide*</b>	Shared with System Inclusion and Belonging Senior Programme Manager	

<b>Date completed</b>	May 2025, covering period 1.4.2023 to 31.3.2024	<b>Month and year published</b>	June 2025
<b>Date authorised</b>	Approved through PCDC 30.6.2025	<b>Revision date</b>	

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Completed actions from previous year	
Action/activity	Related equality objectives
<p><b>EDS Domain 1: Severe Mental Illness</b> (Physical Health Checks) service - Our service is currently only commissioned to provide SMI physical health checks for service users over the age of 16 years. In the future it is hoped that this will be extended to embrace all service users irrespective of age.</p> <p>There has previously been work going on within CAMHS to explore how the physical health checks can be integrated into their routine practice, but staff changes have impacted this. This is an area for further work by the CAMHS team.</p>	<p><b>Expand service to include users under the age of 18:</b></p>
<p><b>EDS Domain 1: Interpreter and Translation Services</b></p> <p>The Interpretation Survey is not yet completed. A new provider is being sourced through a tender process, with the contract starting in July 2025. The survey is scheduled to be completed within the next 12 months.</p>	<p><b>Developing a system for improvised service user feedback on interpretation services.</b></p>

# **The Equality Delivery System (EDS) April 2023 - March 2024 Report for North Staffordshire Combined Healthcare NHS Trust (NSCHT)**

## **Introduction**

This report presents the Trust's annual self-assessment against the NHS Equality Delivery System (EDS) 2022 framework. It reviews performance across three domains: commissioned services, workforce health and wellbeing, and inclusive leadership. Using a mix of service data, staff feedback and leadership assessments, the Trust has rated itself as Developing overall. This rating reflects positive activity and intention across many areas, but also highlights the need for more consistent action, improved data quality and stronger outcomes for all protected and minoritised groups.

### **Areas of good practice**

There is clear evidence of inclusive practice across several services. The Specialist Perinatal Mental Health (PMH) team demonstrates strong access, person-centred care and positive user feedback, earning an overall Achieving rating. The Communications Team also scored Achieving, with innovative and accessible service information available across digital platforms, shaped through user engagement. Within the Health and Justice Service, structured access and high satisfaction levels were noted, supported by lived experience workers and co-production. Directorate-level performance is also reviewed in monthly meetings. In addition, the Chief Executive chairs monthly performance meetings focused on service delivery across directorates, which then informs the Quality Committee's monthly discussions.

In the workforce domain, staff have access to a wide range of health and wellbeing services including Occupational Health, the Employee Assistance Programme (EAP), and peer support. Many staff report positive experiences, particularly younger, religious and ethnically diverse employees. Equality and health inequality risks are routinely highlighted in board and committee papers. To support this, performance dashboards are being developed to track progress, inform decisions, and strengthen accountability. Leadership training on inclusion and population health has also been delivered, raising awareness and building the skills needed for fairer, more inclusive decision-making.

### **Areas for development**

Despite positive examples, several areas require attention to ensure equity and consistency. Across services, the collection and analysis of equality data particularly around gender identity, sexual orientation and religion remains incomplete. This limits the ability to assess and respond to inequalities in access, experience and outcomes. In terms of workforce wellbeing, disabled staff, LGBTQ+ staff and those who prefer not to disclose characteristics, report lower morale, less confidence in accessing support and higher rates of abuse and discrimination from patients, colleagues and managers.

Senior leaders express commitment to EDI, however visibility and accountability at board level needs strengthening. Equality considerations in governance papers are not always consistently completed or clearly linked to decision-making. Some strategic risks related to health inequalities are identified, but the follow-through on mitigations and performance tracking needs to be more robust. Appraisal rates and burnout levels also highlight gaps in supportive, inclusive leadership.

### **Next steps**

The Trust has outlined a clear set of actions to improve outcomes over the next 12 months. These include launching a new Interpretation Survey following the onboarding of a new provider in July 2025, co-producing inclusive health campaigns with staff networks and strengthening equality data capture across all services. Senior leaders will be supported to visibly demonstrate personal

commitment to EDI, with standardised equality impact sections being introduced into all governance templates. EDI dashboards will be reviewed every two months by the Board through the PCDC to strengthen oversight.

To build a psychologically safe environment, a “Respect at Work” pledge is recommended by the Workforce Health and Well-being team, alongside clearer pathways for accessing independent support. Quarterly feedback campaigns will highlight actions taken in response to staff voices, particularly those from underrepresented groups. These actions, supported by stronger leadership accountability and data transparency, aim to move the organisation from Developing to Achieving in future assessments.

## 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: Specialist Perinatal Mental Health (PMH)

Domain 1(PBU)	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	<ul style="list-style-type: none"> <li>• 927 service users accessed the Parent &amp; Baby Team between April 2023–September 2024, with data captured on key protected characteristics</li> <li>• Referrals come via community mental health services and specialist perinatal teams for complex needs</li> <li>• The team delivers tailored care from conception through the first postnatal year—and up to 24 months postpartum when needed</li> <li>• Core services include maternal mental health treatment, parent–baby relationship support and pre-conception advice for those with existing conditions</li> <li>• Operating within a wider network of secondary mental health and community services ensures joined-up care</li> <li>• Team expansion over this period has driven rising referrals and contact volumes, reflecting growing access and demand</li> <li>• <b>Gender</b> - 99% of referrals are female and 1% male, reflecting the service's focus on birthing people; partners/fathers can attend informal sessions without open referrals.</li> <li>• Currently, only male and female options are recorded. Future updates will align with NHS</li> </ul>	<b>2</b>	Jo Scull (Occupational Therapist)

Domain 1(PBU)	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<p>England's inclusive data standards by expanding gender identity options to reflect the diversity of birthing parents, including non-binary and trans individuals. This will support compliance with the Equality Act 2010 and emerging best practice across the NHS.</p> <ul style="list-style-type: none"> <li>• <b>Age</b> - The largest age group is 25–29, with all adults 18+ eligible (under-18s supported via CAMHS consultation); there's no upper age limit</li> <li>• <b>Sexual orientation</b> - data is largely recorded however not officially reported on; users of any orientation can access support, though heterosexual birthing people currently form the biggest known group</li> <li>• 3.1% of users have unknown <b>ethnicity</b>. Support is open to all ethnicities and faiths.</li> </ul> <p>The recorded demographics broadly mirror Stoke-on-Trent and Staffordshire populations</p>		
	1B: Individual patients (service users) health needs are met	<ul style="list-style-type: none"> <li>• High weekly assessment capacity with most referrals accepted</li> <li>• Every referral is screened/triaged by a mental health practitioner or CPN</li> <li>• All assessments reviewed in a weekly multidisciplinary team meeting</li> <li>• A diverse team of professionals ensures comprehensive, in-house care</li> <li>• Staff receive clinical, caseload, peer, and safeguarding supervision to support quality care</li> </ul>	<b>3</b>	Jo Scull (Occupational Therapist)



Domain 1(PBU)	Outcome	Evidence	Rating	Owner (Dept/Lead)
	1C: When patients (service users) use the service, they are free from harm	<ul style="list-style-type: none"> <li>Established safety policies and procedures support a culture of reporting incidents and near misses</li> <li>Regular safety-improvement sessions keep risks in focus and the team actively participates</li> <li>All incidents are logged through the Patient Safety team</li> <li>Team lead reviews each report and drives follow-up actions</li> </ul>	2	Jo Scull (Occupational Therapist)
	1D: Patients (service users) report positive experiences of the service	<ul style="list-style-type: none"> <li>30 positive experiences logged between April 2023 and September 2024</li> <li>Feedback gathered via thank-you cards, verbal comments, emails and PALS</li> <li>Patient experience team curates and shares all positive feedback in monthly meetings</li> </ul>	3	Jo Scull (Occupational Therapist)
Domain 1: Commissioned or provided services overall rating			3	

## Domain 1: Health and Justice Service (H&JS)

Domain 1 (H&JS)	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	<ul style="list-style-type: none"> <li>• All those who encounter the criminal justice system will have access to Health and Justice services.</li> <li>• 824 people seen between April 2023 – March 2024, with ages ranging from 11 to 76 (will see any upward age range, however, this was the oldest that was referred).</li> </ul> <p><b>Areas of good practice</b></p> <ul style="list-style-type: none"> <li>• H&amp;J have a designated youth pathway and strong links with the elderly care teams.</li> <li>• The service is open to everyone. “Female” is one of our referral criteria, therefore every arrested woman is automatically referred.</li> <li>• Specific working around drug and alcohol abuse with strong links with addiction services.</li> </ul> <p><b>Areas for development</b></p> <p>Asking questions around:</p> <ul style="list-style-type: none"> <li>• <b>Gender identity</b> (565 not known/recorded)</li> <li>• <b>Religion</b> (650 not known/recorded)</li> <li>• <b>Marriage and CP</b> (569 not known/recorded)</li> <li>• <b>Sexual orientation</b> (630 not known/recorded)</li> </ul>	2	Vicky Finney (Health & Justice Pathway Manager)

Domain 1 (H&JS)	Outcome	Evidence	Rating	Owner (Dept/Lead)
	1B: Individual patients (service users) health needs are met	<p><b>Areas of good practice</b></p> <ul style="list-style-type: none"> <li>• Individualised care plans with regards to their characteristics and needs.</li> <li>• Justice Star completed and will link in with partner agencies.</li> <li>• Liaison with criminal justice staff (police, courts, probation) to ensure information is shared to ensure reasonable adjustments are made.</li> <li>• Co-production is utilised for service development.</li> <li>• Lived Experience Workers are employed with a range of backgrounds, including criminal history, different race/culture and sexual orientation.</li> </ul> <p><b>Areas for development</b></p> <ul style="list-style-type: none"> <li>• To improve the collection of equality characteristics over the next 12 months, to review if needs are met equitably.</li> </ul>	2	Vicky Finney (Health & Justice Pathway Manager)
	1C: When patients (service users) use the service, they are free from harm	<p><b>Areas of good practice</b></p> <ul style="list-style-type: none"> <li>• Reporting incidents is encouraged, and staff feel confident to do so.</li> <li>• Near misses are reviewed in a timely manner.</li> </ul> <p><b>Areas for development</b></p> <p>At present, no development areas have been identified; further data collection is needed to confirm this finding.</p>	2	Vicky Finney (Health & Justice Pathway Manager)

Domain 1 (H&JS)	Outcome	Evidence	Rating	Owner (Dept/Lead)
	1D: Patients (service users) report positive experiences of the service	<p><b>Areas of good practice</b></p> <ul style="list-style-type: none"> <li>• 223 responses to feedback about the service. 100% were satisfied with the level of service they received.</li> <li>• Data is reviewed on a quarterly basis to monitor progress.</li> </ul> <p><b>Areas for development</b></p> <p>Feedback is from all clients that are referred to H&amp;J and not identified characteristics.</p>	2	Vicky Finney (Health & Justice Pathway Manager)
<b>Domain 1: Commissioned or provided services overall rating</b>			2	

## Domain 1: Communications Team Service

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><b>Areas of good practice</b></p> <p>Extensive work has been completed on the Trust's website and intranet to increase significantly the quality and extent of information available to our service users about existing services.</p> <ul style="list-style-type: none"> <li>• Rolled out tools like AccessAble, Recite Accessibility Toolbar, video interpretation, digital translation and MindView boost accessibility for staff and service users.</li> <li>• The new service pages now include core information such as contact details, location and what the service offers. Users will also find additional updates from the services including testimonials, videos, podcasts and virtual tours of the building.</li> <li>• By benchmarking ourselves against other trusts, we are confident that the information we provide is clear, accessible, and responsive to the diverse needs of our service users, ensuring everyone can engage with it fully and benefit equally.</li> <li>• The layout has been standardised, and teams and services can search by name or alphabet, making it easier than ever for the user to find what they are looking for.</li> <li>• The pages have been designed with accessibility at their core, ensuring that information is easy to navigate, clear to read, and presented in ways that support people with different communication, cognitive, and sensory needs.</li> <li>• This complete library of patient-facing services can also be translated into over 130 languages with a click of a button using the inbuilt Google Translate feature.</li> </ul>	2	Joe McCrea (Associate Director of Communication)

		The pages will continue to be developed as the Trust builds on its offering to users, providing detailed and easy-to-use resources about its services.		
	1B: Individual patients (service users) health needs are met	<b>Areas of good practice</b> Regular liaison is maintained with our Service User and Carer Council, the Youth Council and frontline teams to ensure the provided comms channels meet their needs.	2	Joe McCrea (Associate Director of Communication)
	1C: When patients (service users) use the service, they are free from harm	<b>Areas of good practice</b> Regular liaison is maintained with the Service User and Carer Council, the Youth Council and frontline teams to ensure the comms channels are safe and appropriate for service users to access and use	2	Joe McCrea (Associate Director of Communication)
	1D: Patients (service users) report positive experiences of the service	<b>Areas of good practice</b> We create and share service user video stories at every Trust Board meeting, with most discussions livestreamed and involving the service user directly. This ensures their experiences shape decisions and that services are more accountable, transparent, and responsive to the people we serve.  The video and discussion can be viewed subsequently on the relevant Trust Board meeting page – see <a href="https://www.combined.nhs.uk/about/our-board/board-meetings/">https://www.combined.nhs.uk/about/our-board/board-meetings/</a>  These are also accessible via a dedicated playlist on the Trust's YouTube channel at <a href="https://www.youtube.com/playlist?list=PLuLnRckD7bTep22NYgl_CfuY3WE2dxLaL">https://www.youtube.com/playlist?list=PLuLnRckD7bTep22NYgl_CfuY3WE2dxLaL</a>	2	Joe McCrea (Associate Director of Communication)
<b>Domain 1: Commissioned or provided services overall rating</b>			<b>2</b>	

## Domain 2: Workforce Health and Well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	<p><b>Areas of good practice</b></p> <ul style="list-style-type: none"> <li>Multiple support channels are available including Occupational Health (self-referral or via manager), Staff Support and Counselling Service, Psychological Wellbeing Hub (self-referral), VIVUP – 24/7 Employee Assistance Programme (EAP)</li> <li>Real-time emotional support ("In the Moment" counselling)</li> <li>Resources available: blogs, podcasts, and workbooks</li> <li>Informal peer support group for weight management</li> </ul> <p><b>Areas for development</b></p> <ul style="list-style-type: none"> <li>Only 62.4% of staff felt positive about our health and safety climate—just 59.4% of disabled staff and 51.5% of those who didn't disclose, highlighting uneven support.</li> <li>While 65.9% felt safe and healthy at work, that drops to 64.6% for Black staff, 65.8% for Asian staff and 61.4% for disabled staff, showing wellbeing gaps.</li> <li>Overall morale sits at 65.2%, sliding to 63.4% for disabled staff and 55.3% for those not disclosing gender or religion—with advocacy dipping too.</li> </ul>	2	Dawn Ainsworth (Health & Wellbeing Lead)

	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p><b>Areas of good practice</b></p> <p>Staff may occasionally experience abuse or physical violence.</p> <ul style="list-style-type: none"> <li>• Staff in high-risk areas receive Safety Intervention Training.</li> <li>• Staff Support and Counselling Services are available on request.</li> <li>• Critical Incident Stress Management (CISM) practitioners can provide debriefs and support when requested.</li> <li>• All staff can access the Staffordshire and Stoke-on-Trent Psychological Wellbeing Hub for additional support</li> </ul> <p><b>Areas for development</b></p> <ul style="list-style-type: none"> <li>• Abuse and physical violence persist with 33.8% of disabled staff, 31.6% of Black staff, 29.4% of LGBTQ+ staff and 28.7% of minority-religion staff reporting harassment from patients and the public versus a 27.5% national average.</li> <li>• Harassment by colleagues affects 21.5% of disabled staff, 19.6% of LGBTQ+ staff, 20.3% of those not disclosing religion and 22.1% of those not disclosing gender against a 20% benchmark.</li> <li>• Manager-related abuse is up at 12.9% for disabled staff, 11.7% for Black staff and 10.8% for minority-religion staff compared with 9% nationally.</li> <li>• Violence from patients is reported by 24.5% of disabled staff, 23.9% of Black staff and 22.7% of Asian staff versus 19% nationally.</li> <li>• Only 54.7% of all staff feel confident against burnout, dropping to 49.6% for disabled staff and 48.4% for those not disclosing religion,</li> </ul>	2	<p>Craig Stone (Head of Patient &amp; Organisational Safety)</p>
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Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		underlining urgent action on prevention and psychological safety.		
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	<ul style="list-style-type: none"> <li>Staff can access a wide range of independent support services including People Directorate, Staff Side organisations, Occupational Health (Optima), Counselling and wellbeing services (as in 2B above).</li> </ul> <p><b>Areas for development</b></p> <ul style="list-style-type: none"> <li>Most staff (68.3%) feel they can access independent support for stress, abuse or violence, just under the 70% national average.</li> <li>Confidence dips to 62.1% for disabled staff, 60.7% for Black staff, 59.8% for those not disclosing religion and 58.7% for those not disclosing gender, showing a need for more inclusive, visible services.</li> </ul>	2	Craig Stone (Head of Patient & Organisational Safety)

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
	2D: Staff recommend the organisation as a place to work and receive treatment	<ul style="list-style-type: none"> <li>• 74.6% of staff across the organisation consistently recommend it as a place to work and 81.2% would recommend it as a place to receive care, with scores stable and above national comparators of 69.5% and 78.1% respectively.</li> <li>• Younger staff and ethnically diverse groups report high advocacy scores, reflecting positive experiences of inclusion and belonging.</li> <li>• Staff with religious beliefs are among the most likely to recommend the organisation, suggesting a strong sense of cultural respect and value.</li> <li>• Heterosexual staff and those who feel comfortable disclosing their identity show high engagement and morale, indicating a culture of psychological safety and support.</li> </ul> <p><b>Areas for development</b></p> <ul style="list-style-type: none"> <li>• Disabled staff report just 63.4% positive morale, underlining the need for better accessibility, visible support and inclusive leadership.</li> <li>• Staff who don't disclose their characteristics fare worst, with only 55.3% positive morale, pointing to gaps in psychological safety and trust.</li> <li>• High-pressure groups show serious burnout—only 49.6% of disabled staff feel resilient, highlighting the need for proactive wellbeing and workload support.</li> <li>• LGBTQ+ staff morale (≈64%) and flexibility (≈62%) lag behind, calling for more tailored and visible inclusion efforts.</li> </ul>	2	Janice Ogonji (Inclusion and Belonging Lead)

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 2: Workforce health and well-being overall rating			8	

## Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<b>Domain 3: Inclusive leadership</b>	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	<ul style="list-style-type: none"> <li>• The Inclusion and Belonging Strategic Plan was launched in 2024, outlining clear goals to embed inclusion within leadership and everyday practice. The Trust Executive Team is actively delivering individual inclusion objectives across clinical and non-clinical areas</li> <li>• Directorate level Inclusion &amp; Belonging (Culture) Dashboard developed</li> <li>• Attendance and recording of Leadership Academy for B7+ leaders health inequalities and how to use local population health data to support patients, service users, carers &amp; workforce</li> <li>• Delivery of Belonging in the NHS module signposting to local health inequalities data embedded into Foundations in Leadership &amp; Management (B4-6 audience) &amp; Combined Connects (B7+ audience)</li> <li>• The Chief Executive attended a NHS England Midlands regional leadership event in September 2024. These regional leadership forums typically include structured modules on equality, diversity, and health inequalities, indicating board-level engagement with EDS principles</li> <li>• The Trusts “Inclusion and Belonging” Annual Report detailed year-long initiatives e.g.</li> </ul>	2	Pauline Grant (Associate Director of Organisational Development)

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<p>Health Equity Framework development, Veteran-aware projects, disease- and condition-specific inequality programmes, accessibility tools roll-out, and inclusive leadership training underlines visible Board and senior leader endorsement</p> <p><b>Areas of good practice</b></p> <ul style="list-style-type: none"> <li>• Executive commitment demonstrated with EDI in summaries and committees, a zero-tolerance vision and monthly health-inequalities reviews.</li> <li>• Staff rate line managers 74% positively and compassionate leadership 76%, reflecting solid everyday support.</li> <li>• Confidence in the organisation's diversity commitment tops 85% and overall inclusion is 73%, while only 69% feel secure raising concerns, highlighting room for more visible reassurance.</li> </ul> <p><b>Areas for development</b></p> <ul style="list-style-type: none"> <li>• Disabled staff feel less valued (36% vs 47% for non-disabled), underlining the need for stronger inclusive leadership and recognition.</li> <li>• Their confidence in accessing support sits at 62%, while those not disclosing gender or religion score just 58% and 60%, showing gaps in psychological safety and trust.</li> <li>• Despite some progress, ethnically diverse leaders remain underrepresented at senior levels, calling for proactive talent development and succession planning.</li> </ul>		

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	<ul style="list-style-type: none"> <li>• Copies of Board and sub-committee papers (e.g. Quality Committee, PCDC) that include Equality Impact Assessments (EIAs) or Health Inequality Impact Assessments.</li> <li>• Minutes of Board/Committee meetings showing that equality and health inequalities were discussed.</li> <li>• Records of attendance and session materials from the Leadership Academy programme delivered to Band 7 and above leaders, focused on understanding health inequalities and using local population health data to inform decisions that impact patients, service users, carers, and the workforce.</li> </ul> <p><b>Areas of good practice</b></p> <ul style="list-style-type: none"> <li>• Executive summaries and committee papers all embed equality and health-inequality considerations, with minutes and action logs capturing challenges and follow-up.</li> <li>• Health inequalities sit in the BAF as a strategic risk that executive leads and deputies review regularly to drive mitigation.</li> <li>• The Trust partners with service users and local communities to shape solutions and tackle pre-existing disparities.</li> <li>• Corporate papers always link back to a BAF risk, underpinned by publicly available annual EDI reports, ensuring a value-driven approach that balances equality objectives with patient safety and quality care.</li> </ul> <p><b>Areas for development</b></p>	3	Rachael Birks (Deputy Director of Operations)

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<ul style="list-style-type: none"> <li>• Opportunity to improve consistency in completing the Equality Implications section.</li> <li>• Papers would benefit from clearer links to EDI metrics and executive summaries could add more detail on mitigations and impact assessments.</li> </ul>		
	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	<ul style="list-style-type: none"> <li>• Subcommittee and Board assurance on metrics via the Annual Inclusion &amp; Belonging report, WRES and WDES accountability as mandated in the People Plan, Staff Network oversight, e.g., ENRICH network feedback presented to the Board</li> <li>• A Trust-level committee reviews service delivery performance through monthly performance meetings, chaired by Chief Executive. These meetings assess the performance of each directorate and feed into the Quality Committee.</li> <li>• Lorenzo reporting of racial discrimination cases now updated</li> </ul> <p><b>Areas of good practice</b></p> <ul style="list-style-type: none"> <li>• Staff rate diversity and equality at 84.7%, the highest of all themes, showing strong commitment to inclusive values and visible leadership.</li> <li>• Compassionate leadership scores 75.5% and line management 74.2%, reflecting supportive day-to-day guidance.</li> <li>• Inclusion holds steady across ethnicity, gender and long-term conditions, while workplace flexibility scores 70.9%, especially high for those with long-term conditions and minoritised ethnic groups.</li> </ul>	3	

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<ul style="list-style-type: none"> <li>• Health-inequality risks (BAF 4) are tracked monthly with clear exec actions, progress reports (WRES/WDES/EDS) get formal board and committee reviews, EDI goals are embedded in the annual Workforce</li> <li>• Strategy, and an executive dashboard provides real-time insights.</li> <li>• The Chief Executive chairs monthly performance meetings focused on service delivery across directorates, which then informs the Quality Committee's monthly discussions.</li> </ul> <p><b>Areas for development</b></p> <ul style="list-style-type: none"> <li>• Appraisals sit at just 55.2% overall, highlighting an opportunity to make development conversations more inclusive and equitable.</li> <li>• Burnout scores of 54.7% and a health and safety climate at 62.4% reveal gaps in wellbeing support that must be addressed.</li> <li>• The majority of the SLT papers reports state there are no D&amp;I implications or impact on protected characteristics or they are marked as N/A or not completed at all.</li> <li>• From the most recent SLT meeting there were 25 agenda items, only 6 Exec summaries addressed D&amp;I.</li> <li>• D&amp;I is not discussed and picked up in minutes unless the report is specifically around that topic.</li> <li>• Encourage board members to be more visible and show consistent commitment to tackling health inequalities.</li> </ul>		

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<ul style="list-style-type: none"><li>Performance dashboards for inequality outcomes are still under development and patient-reported metrics should be integrated into Board-level reviews.</li></ul>		
Domain 3: Inclusive leadership overall rating			8	
Third-party involvement in Domain 3 rating and review				
Trade Union Rep(s):  JennyD Harvey (Staff Side Chair, UNISON)		Independent Evaluator(s)/Peer Reviewer(s):  JennyD Harvey (Equality & Inclusion Advisor, MPFT)		



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

Organisation name(s): North Staffordshire Combined Healthcare 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
Janice Ogonji, Inclusion & Belonging Lead	2 months
EDS Sponsor	Authorisation date
Frieza Mahmood, Chief People Officer	30 June 2025

## Domain 1: Specialist Perinatal Mental Health (PMH Action Plan

Domain 1 (PMH)	Outcome	Objective	Action	Owner (Dept/Lead)	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Education referral points on PBU and networking with external		Jo Scull (Occupational Therapist)	Ongoing
		Spread awareness of perinatal and maternal mental health	To work with external company		
		To reduce DNA rates	The team to continue to work 7 days, offering weekend appointments when the work base in quieter. Appointments are offering video but can be made face to face to support engagement were appropriate. Time of assessment varies to support attendance		
		Increase male's accessing the service	Staff to continue training in couples counselling. To advertise the father coffee morning to a wider audience		

Domain 1 (PMH)	Outcome	Objective	Action	Owner (Dept/Lead)	Completion date
		To make the environment suitable for neurodiverse service users	<ul style="list-style-type: none"> <li>• If they're photo sensitive; partly close blinds in the room, use lamps instead of 'big' light</li> <li>• Have a couple of fidget toys in the room for them to utilise if needed</li> <li>• Offer reassurance that they can be comfortable and stim without fear of judgment</li> <li>• Broaden team knowledge re: traits and for them to understand why someone's curtains might be drawn if they're photo sensitive etc</li> </ul>		
		To make PBU a safe/ inclusive space for birthing person who has changed their sexual identify from their birth identity.	<ul style="list-style-type: none"> <li>• Create a forum to gather feedback from persons that have undergone gender reassignment- ask directly rather than making assumptions about what would help them be most comfortable</li> <li>• Terminology used on all our material – poster, leaflets, website</li> </ul>		
		To continue to be inclusive of all Race/religion and make sure all race/ religions have fair access to the service	<ul style="list-style-type: none"> <li>• Have materials about various races/religions visible and available for service users. For example, I bought a baby book about celebrating Eid for the peer support group.</li> <li>• Ensure we continue to be inclusive when using photographic images</li> </ul>		

Domain 1 (PMH)	Outcome	Objective	Action	Owner (Dept/Lead)	Completion date
	1B: Individual patients (service users) health needs are met	The PBU team has received second wave of funding from NHS English to increase access to psychological therapies in perinatal MH services	Final stage of recruitment for new posts across PBU	Jo Scull (Occupational Therapist)	March 2024
		Staff to access appropriate training on perinatal MH	Staff to regularly check for appropriate training		Ongoing
		To ensure service quality is at standard of royal college of psychiatry perinatal quality network	PBU to complete royal college of psychiatry Perinatal Quality Network accreditation		Jan 2024
	1C: When patients (service users) use the service, they are free from harm	To reduce number of incidents	<ul style="list-style-type: none"> <li>Continue to support staff to report any incidents to encourage staff to attend trust Learning lessons</li> <li>Regular infection control/ fire inspections/ health and safety visits to the building/ clinic areas</li> </ul>	Jo Scull (Occupational Therapist)	Ongoing
	1D: Patients (service users) report positive experiences of the service	To collate positive feedback	<ul style="list-style-type: none"> <li>Staff to continue to promote providing the service feed back</li> </ul>	Jo Scull (Occupational Therapist)	Ongoing

## Domain 1: Health and Justice Service (H&JS) Action Plan

Domain 1 (H&JS)	Outcome	Objective	Action	Owner (Dept/Lead)	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Ensure that the Liaison and Diversion Service is equitably accessible to individuals from across characteristics groups and ensure that obstacles deterring individuals from under-represented groups are explored and addressed.	<ul style="list-style-type: none"> <li>Document all protected characteristics for every individual.</li> <li>Liaise with referring officers to emphasise the importance of referring people with diverse protected characteristics.</li> </ul>	Vicky Finney (Health & Justice Pathway Manager)	March 2026
	1B: Individual patients (service users) health needs are met	None identified	None identified	Vicky Finney (Health & Justice Pathway Manager)	March 2026
	1C: When patients (service users) use the service, they are free from harm	None identified	None identified	Vicky Finney (Health & Justice Pathway Manager)	March 2026
	1D: Patients (service users) report positive experiences of the service	Ensure that the Liaison and Diversion Service provides equitable experience to individuals from across characteristics groups, and to ensure that any observed patterns of inequity regarding experience are explored and addressed.	<ul style="list-style-type: none"> <li>Add specific questions around protected characteristics.</li> <li>Review experience with an equalities lens when more detail is available (25-26) and take steps to implement action based on the feedback as appropriate.</li> <li>Review and enhance access to service to assess its impact on 'positive experience'; obtain patient experience data by protected</li> </ul>	Vicky Finney (Health & Justice Pathway Manager)	March 2026

Domain 1 (H&JS)	Outcome	Objective	Action	Owner (Dept/Lead)	Completion date
			<p>characteristic for the relevant years from the Patient Experience team and analyse it during 2025–26.</p> <ul style="list-style-type: none"> <li>To ask for feedback from those who decline the service to assist in improvement of the service.</li> </ul>		

## Domain 1: Communications Team Service Action Plan

Domain 1 (Comms)	Outcome	Objective	Action	Owner (Dept/Lead)	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	A key part of the Trust's commitment to improving accessibility, useability and impact of information and advice about the services it provides - going beyond the basics to incorporate staff and service user films, virtual reality walkthroughs, feedback and testimonials.	<ul style="list-style-type: none"> <li>Complete, proof and publish all 'core' fields and select 'additional' fields on all service pages.</li> <li>Continue to complete additional fields when content becomes available.</li> </ul>	Joe McCrea (Associate Director of Communication)	Dec 2025
	1B: Individual patients (service users) health needs are met	External stakeholder engagement is an essential requirement for the Trust's accessibility, openness and commitment to co-production and partnership.	<ul style="list-style-type: none"> <li>Include patient and community voices in existing internal and external campaigns (e.g. staff bulletins, patient stories, health equity features on Trust intranet/newsletter).</li> </ul>	Joe McCrea (Associate Director of Communication)	Mar 2026
	1C: When patients (service users) use the service, they are free from harm	Maintain a public website which creates an excellent user	<ul style="list-style-type: none"> <li>Ensure that our public website is reflective of industry-standard best practice, as well as compliant with</li> </ul>	Communications	Mar 2026

Domain 1 (Comms)	Outcome	Objective	Action	Owner (Dept/Lead)	Completion date
		experience and meets our accessibility requirements.	emerging accessibility and useability standards.		
	1D: Patients (service users) report positive experiences of the service	Ensuring we continually receive feedback from staff and stakeholders in a structured fashion is key to us receiving assurance on the usefulness and value of our activities. It also is part of our wider horizon scanning and market research.	<ul style="list-style-type: none"> <li>Obtain 10% increase in service user questionnaire responses year on year with overall satisfied or higher ratings on multiple choice questions.</li> <li>Complete survey and develop report and recommendations based on findings.</li> </ul>	Communications	Mar 2026

## Domain 2: Workforce Health and Well-being Action Plan

Domain 2	Outcome	Objective	Action	Lead	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	Ensure all staff, particularly those from underrepresented and minoritised groups, have equitable access to and benefit from health and wellbeing support services.	<ul style="list-style-type: none"> <li>Conduct targeted engagement through surveys with disabled staff and minoritised ethnic groups to understand barriers to wellbeing support.</li> <li>Co-produce with Inclusion Lead to promote inclusive health campaigns (e.g. culturally sensitive wellbeing sessions, accessible materials).</li> <li>Regularly review utilisation and satisfaction rates of wellbeing services disaggregated by protected characteristic.</li> <li>Co-produce adjustments or tailored offers with staff networks and/or Health and Wellbeing Champions.</li> </ul>	Dawn Ainsworth (OD Programme Manager) Inclusion Lead	March 2026

Domain 2	Outcome	Objective	Action	Lead	Completion date
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Create a safer and more psychologically secure environment where all staff, particularly those most at risk, are protected from harm and supported when incidents occur.	Introduce a clear “Respect at Work” pledge for all staff to sign, backed by visible messaging across the organisation and supported by regular team conversations on respectful behaviour and how to challenge poor conduct safely.	Craig Stone (Head of Patient & Organisational Safety) (TBC)	March 2026
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Build trust in, and visibility of, independent support services to ensure all staff groups feel confident accessing help.	Create and promote a simple “Support Pathways” guide that clearly maps out all independent support options available (e.g. Freedom to Speak Up, EAP, staff networks), including how to access them confidentially displayed in staff areas and included in induction packs.	Craig Stone (Head of Patient & Organisational Safety) (TBC)	March 2026
	2D: Staff recommend the organisation as a place to work and receive treatment	Boost staff morale, engagement, and sense of inclusion, especially among disabled staff, LGBTQ+ staff, and those who prefer not to disclose characteristics.	Monitor staff experience and advocacy data quarterly, using intersectional analysis to track improvement.	Marie Barley (Staff Engagement Lead and FTSU Guardian and Being Open Lead)	March 2026



## Domain 3: Inclusive Leadership Action Plan

Domain 3	Outcome	Objective	Action	Owner (Dept/Lead)	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	Secure visible EDI commitment from senior leaders	Senior leaders to share a message outlining their personal commitment to EDI and reducing health inequalities, to be shared internally and/or at staff events.	Janice Ogonji (Inclusion and Belonging Lead)	March 2026
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Embed EDI in governance and decision-making	Introduce a standard EDI and health inequalities impact section in all Board and committee paper templates, with guidance to help authors complete it meaningfully.	Janice Ogonji (Inclusion and Belonging Lead)	March 2026
	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	Monitor health inequalities with real-time data	Provide EDI dashboard bi-monthly metrics for Board and committees to monitor progress.	Janice Ogonji (Inclusion and Belonging Lead)	March 2026

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