



Royal Papworth Hospital
NHS Foundation Trust

NHS Equality Delivery System 2022 EDS Reporting

Royal Papworth Hospital

11th December 2023

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Equality Delivery System for the NHS

EDS Reporting

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. EDS reviews should be carried out annually with the result of the review published on organisation websites by 28th February (or the following working day). Most reviews can be completed in-year; although it is recognised that flexibility may be required. Any justification for late publication must be provided and signed off at Board level.

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

During COVID-19, reporting of the EDS was suspended, and a review was undertaken by NHS England to incorporate system changes and take account of the new system architecture. Through collaboration, co-production and taking into account the impact of COVID-19, the EDS was updated.

This is the first report undertaken by RPH under the new system, we have learnt a lot from doing this and have identified a number of improvements in future years of doing this.

NHS England has requested that Trusts use their reporting template, this template is completed using a nationally prescribed format and starts from page 4 to page 37.

Trusts including RPH are required to refer to a rating and score card that can be found on page 5 of this document, providing information on how to score and weight evidence produced for the eleven outcomes across the three EDS domains, leading to

an overall EDS rating for the organisation. The definitions column provides a benchmark for evidence submitted.

Within the annual cycle of EDS evidence and insight-based reviews it is recommended that:

- Domain 1 – reviews (Commissioned or provided services) should take place during the summer months (quarter 2 of the financial year).
- Domain 2- reviews (Workforce health and well-being) should take place during the spring and/or summer months (quarters 1 and 2 of the financial year).
- Domain 3 – reviews (Inclusive leadership) should take place during the Autumn months (quarter 3 of the financial year).

Name of Organisation	Royal Papworth Hospital (RPH)		Organisation Board Sponsor/Lead	
Name of Integrated Care System	Cambridgeshire and Peterborough ICS		Oonagh Monkhouse, Director of Workforce and OD. Maura Scream, Chief Nurse. Louise Palmer, Assistant Director for Quality and Risk.	
Royal Papworth Hospital Equality Delivery System (EDS) EDS Lead	Onika Patrick-Redhead, Head of EDI. Jacqui Wynn, Head of Quality Improvement and Transformation. Berin Krenek, Health Inequalities Lead. Chanel Anyanwu, EDI Network and Compliance Officer.		At what level has this been completed?	
			Individual-Domain 1 and 2 Partnership- Domain 3 Integrated Care System-Domain 3	
			*List organisations	
EDS engagement date(s)	August 2023. 8 th November 2023. 20 th November 2023. 21 st November 2023.		Individual organisation	Royal Papworth Hospital NHS Foundation Trust
			Partnership* (two or more organisations)	Cambridgeshire and Peterborough NHS Foundation Trust North West Anglia Foundation Trust
			Integrated Care System-wide*	C&P ICS
Date completed	December 11 th 2023		Month and year published	February 2024
Date authorised	February 1 st , 2024,		Revision date	February 2025

EDS Rating and Score Card

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.

For Domain 1 the services that were reviewed at RPH were, Cardiac Rehab, Transplant and Cystic Fibrosis.

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><u>Cardiac Rehab</u> Cardiac Rehab provides a cost-effective service with evidence of reduced hospital admission. The service is commissioned to deliver to the patient population of Huntingdonshire, with CUHFT providing services to Cambridge.</p> <p>The service sees a range of patients; patients post heart attack, patients attending the day ward with elective cardiac interventions, patients undergoing surgery, with heart failure or congenital heart disease. Due to the nature of RPH being a specialist regional centre, patients may be referred to their local cardiac rehab service based in the local DGH.</p> <p>Cardiac Rehab provision is varied, and some patients may not be offered or receive the same level of intervention locally. In these situations, patients can choose to remain with RPH to receive cardiac rehab which may mean traveling from a different geographical area if this is their preferred choice.</p> <p>The service is delivered via a range of programme options and patients are given a choice. At the initial assessment, the method of programme delivery is explored taking into consideration a range of factors to include, medical history, co-morbidities, patient preference, and other factors such as home address, transport and caring responsibilities.</p>	2 Achieving	Review Undertaken by: Service Leads And owned by Berin Krenek Jaqui Wynn

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<p>They are also able to exercise choice over the days and times and method of delivery (hospital, community, online or at home) of the programme.</p> <p>If they chose to decline the service (90% or more take up the RPH service offer, nationally uptake is less than 50%), they can be referred back at any stage by their GP, consultant or heart failure team. The service has an uptake rate by patients of >90%.</p> <p>Patients from a number of residential settings have received care, one previous example was a prisoner who was an inpatient was seen until their discharge when their care was taken on by prison healthcare services.</p> <p>Following a review of the patient group who had declined the service, there was no common denominator relating to patient diversity, rather declines related to comorbidities.</p> <p><u>Transplant</u> RPH is a national centre for adult cardiothoracic transplantation (one of only six). Patients come from all over the UK. Referrals are accepted or declined according to criteria laid down in national service specifications. Pathways have been developed with referring centres, including 24/7 telephone access to on-call Consultants, on-line referral portals, virtual referral meetings and outreach clinics. There is an active programme of referrer education and engagement.</p> <p>Our service has to operate according to UK organ allocation law, but we endeavour to support patients who need our help, irrespective of their personal background. In recent years, our service has supported patients who are prisoners, asylum seekers, those who</p>		

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<p>have disabilities and those who have undergone gender reassignment. Where possible, we help socio-economically disadvantaged patients access our services through charitable funds (Sammi B Foundation).</p> <p><u>Cystic Fibrosis</u> This service is an adult Cystic Fibrosis (CF) centre and accepts patients nationwide. There is patient choice for treatment centre therefore the service extends to wider population geography if patients choose to travel. The lead Nurse is part of the CF clinical working group. The service has set clinic dates to reduce cross-infection of bugs. This may hinder some patients if they cannot attend a set clinic date, so patient choice is influenced by this risk-based approach to care delivery.</p> <p>Patients and families are involved in decision making. Interpreting services are utilised when required. Due to the risk of infection in meeting face to face, patients have their own Online forums where they discuss their condition and can access peer support, thereby managing the risk of risk of infection.</p>		
	<p>1B: Individual patients (service users) health needs are met</p>	<p><u>Cardiac Rehab</u> The service adheres to the standards for BACPR. This includes the education and training of the staff within the service, who undertake BACPR part 1 and 2 training, along with specialist courses and in-service competencies. The team is multi-disciplinary including nurses, physiotherapy, exercise specialists, dietitian, OT and admin to ensure a range of specialties knowledge is available and needs met. Also have access to psychological wellbeing service.</p> <p>The majority of patients are assessed in person at RPH or community setting for their initial assessment, to be inclusive some</p>	<p>3 Excelling</p>	<p>Review Undertaken by: Service Leads And owned by Berin Krenek Jaqui Wynn</p>

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<p>patients have a different assessment via the phone if they are unable to come into the setting. This comprehensive assessment includes a variety of functional capacity / exercise tests (to identify ischaemic threshold, current level of exercise, HR and BP response, RPE), co-morbidity, and assessment for risk of falls, balance etc, risk factor management and modification, medication compliance All patients are seen for this initial assessment in person before exercising. There is a range of patient choice of the method of service delivery i.e., in hospital, community setting, home programmes, virtual.</p> <p>The service offers a 12-week programme via a range of options tailored to the patient's needs. In house programme – this is delivered at RPH. Community programme – delivered in leisure centre (Cambourne as local area to Hunts). Virtual programme – online. Home programme – exercise information supplied for patients to carry out at home with weekly telephone support and guidance. This option enables patients who are unable to engage with one of the above methods e.g., due to distance or caring responsibilities to access the rehab programme.</p> <p>Education videos are accessed via a link to YouTube. This display written as well as verbal information in English. Patients' health needs are discussed throughout the programme and modifications made as necessary as well as referring to other services if required.</p> <p><u>Transplant</u> All referrals are triaged according to clinical criteria. Patients are assessed in a holistic fashion by a large MDT, including but not limited to doctors, nurses, physiotherapists and psychologists. If a patient is not accepted on to the transplant waiting list, the reason is explained to the patient, referrer, and GP. Patients requiring</p>		

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<p>psychological support whilst waiting for transplant are referred to our psychological medicine team.</p> <p>When appropriate, patients are also signposted to local sources of support. https://royalpapworth.nhs.uk/application/files/9416/8857/0004/PI-231-Heart-transplant-and-consent-form.pdf</p> <p>Many young transplant patients transition from paediatric care at Great Ormond Street Hospital (GOSH) to adult care at RPH. Families and patients attend events to assist with decision making before transition. For those who decide to transition to RPH, a dedicated transition clinic is held in conjunction with GOSH (medic and nursing attendance). There is room for improvement in this process, particularly with respect to sharing of electronic records between hospitals.</p> <p><u>Cystic Fibrosis</u></p> <p>Family of patients are encouraged to be involved in their care and decision making. Various services involved in patient care e.g., social workers Ward Nurses offered specific additional CF training for training and development. Interpreters used when needed. Full MDT working with specialist Physiotherapists, Dietitians, Psychology, Pharmacists, Social workers, specialist nurses and consultants.</p> <p>Transition of care commences aged 13-14 years with the CF Paediatric centre working closely with service, following patient choice of adult centre. This enables Patients preparation and building of rapport for transfer of care at aged 16years.</p>		




Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<p>CF nurses attend referring centres 1-2 times a year depending on need. Specialist nurse and consultant attend to meet patients a few times before they transition/make a decision/invite them to come and visit. Some patients due to infection control are not able to visit.</p> <p>Previously at the old hospital site we offered a transition website link which had a virtual tour, meet the team including videos. This work was accepted for a presentation at one of our European conferences previously and it is an aspiration to recreate this following the move to the new hospital site. Now post Covid recovery, as part of a further service evaluation we would like to support this service improvement. In the interim an online patient conferences previously and it is an aspiration to recreate this following the move to the new hospital site. Now post Covid recovery, as part of a further service evaluation we would like to support this service improvement. In the interim an online patient information leaflet is being created which will be available on the internet; online information is often a preference of our younger predominant patient group. The leaflet will help bridge the gap and provide information to patients that prefer another way of receiving information. This is an example of listening to our patients and adapting in response.</p> <p>Service transitions patients from various centres (Great Ormond Street Hospital (GOSH), Ipswich, CUH, Kettering). Royal Papworth Hospital is co located on the Cambridge bio-medical campus with CUHFT who a regional Paediatric Centre for CF. is</p>		
	1C: When patients (service users) use the service, they are free from harm	<p>Cardiac Rehab The initial patient assessment takes place in the Hospital or community setting and a comprehensive risk assessment is undertaken prior to the programme offer. The exercise sessions operate on a 1:5 staff patient ratio, increasing to 1:3 for patients who</p>	3 Excelling	Review Undertaken by: Service Leads And owned by Berin Krenek Jaqui Wynn

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<p>have comorbidities or who have an increased vulnerability. The community provision is equipped with an AED, blood glucometer and treatment for hypoglycaemia. As well as policies and procedures for what to do in the event of unwell patients, this is planned closely with the gym staff.</p> <p>On occasion the service has made safeguarding referrals in relation to a patient or family member and have liaised with the trust's Social Worker. Staff use the DATIX system as required to report any incidences/accidents or near misses and also have any risks on the risk register.</p> <p>The Cardiac Rehab team is multidisciplinary and consists of nurses, physiotherapists, occupational therapists, psychologist, exercise therapists, dietitian, pharmacist. The nurses have cardiac care experience and undergone cardiac specific training modules. All of the team have undertaken the level 2 smoking cessation advice training with yearly updates.</p> <p>Health promotion is routinely delivered as part of the service offer and includes vaccination promotion (Covid, Flu, Pneumonia) for some patients they may not have been categorised in a vulnerable group previously and therefore not been offered the vaccines routinely. Education on the importance of vaccination is discussed. In addition, dental health, medication compliance, prepaid prescription certificates and patient's risk factors are routinely discussed.</p> <p>The service has NHSE funded licences for an app 'activate' which enable the patient to monitor their health. As part of this and to ensure this offer is equitable, patients can be supplied with a smartphone, weighing scales, and blood pressure monitoring</p>		

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<p>equipment, this ensures that any health inequalities are addressed, and service is equitable.</p> <p><u>Transplant</u> We have clear standard operating procedures to ensure consistent high-quality practice. Risks, incidents and near misses are recorded via the Datix platform. These are investigated and considered for system learning and quality improvement. There is a robust morbidity and mortality process. Our service works collaboratively with safeguarding teams, particularly when dealing with young or vulnerable patients.</p> <p>Health promotion is routinely delivered as part of the service pathway. All patients are screened for infection and risk factors for infection during assessment. If there are gaps in vaccination, this is recommended before transplantation. Post-transplant care involves detailed regular screening for complications of immunosuppression, including infection, renal dysfunction, osteoporosis. All patients are counselled about concordance with medications, exercise, diet and weight management.</p> <p><u>Cystic Fibrosis</u> Patients are sometimes asked to wear masks and isolate from other patients for their own safety. Due to the vulnerability of patients to new organisms, the service plans patient activity on patient organism cultures. Outpatient clinics are arranged so that cohorts of patients with the same organisms are seen to reduce risk of transmission of different organisms.</p> <p>Inpatients on wards are also nursed in environments to reduce risk of exposure (admitted to certain wards). All patients are asked to</p>		

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<p>wear face masks whilst on site and advice for canteen attendance is also guided and informed by individual patient risk factors.</p> <p>Health promotion is routinely provided to patients including vaccinations and contraception advice. The service is often the first point of contact for patients with other presenting healthcare concerns/advice e.g., breast lump, due to the relationship and expertise of staff. The service sign posts appropriately.</p> <p>Patients have access to the CF specialist Nurses Mon-Fri and out of hours via the switch board to the ward. Following out of hours contact, the ward staff communicate with the CF Specialist nurses.</p>		
	1D: Patients (service users) report positive experiences of the service	<p>Cardiac Rehab The service seeks patient feedback via the Friends and Family Test (FFT) after the patient's initial assessment. The FFT is sent to patients and also can be accessed by a QR code.</p> <p>Feedback from patients is overwhelmingly positive, but on occasion there are some negative comments which are received by the service and considered for service improvement. One example of improvement as a result of feedback includes increasing the size of the rehabilitation sign in the reception area.</p> <p>Limitations of the current Patient feedback process is that the results cannot be filtered to patients with protected characteristics. Following analysis of the ethnicity and age of patients seen in the previous year 77% are of white background, and a further 20% of patient's ethnicity was either not recorded or not known. 95% of patients were over 45 years, with 56% of them over 65 years.</p> <p>A recommendation for improvement is to improve recording of ethnicity and first and second language within the Electronic Patient</p>	2 Achieving	Review Undertaken by: Service Leads And owned by Berin Krenek Jaqui Wynn

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<p>Record. A second recommendation for improvement across the Trust is to review the patient feedback process to enable analysis of patient experience for patients with protected characteristics.</p> <p>No active complaints currently. Complaints are very rare; some enquiries are received by PALs office based in atrium. Local information resolution would be explored.</p> <p><u>Transplant</u> The service seeks patient feedback via the Friends and Family Test (FFT). The FFT is sent to patients and also can be accessed by a QR code. General good feedback of the service from inpatient and outpatients received local timely resolution is sought as experiences voiced. Participation rates increase aspired for and current activity to increase uptake using iPads. Following analysis of the ethnicity and age of patients seen in the previous year, 77% of patients are from a white background with a further 12% not recorded or not known and 75% of patients are over 45 years. A recommendation for improvement is to improve recording of ethnicity and first and second language within the Electronic Patient Record.</p> <p>No open complaints. Formal and informal complaints are handled respectfully, followed up and opportunities for quality improvement considered with learning shared with team. Patients have other regulated forums, e.g., closed Facebook group, monitored by Trust Communications teams. Concerns are substantiated and acted upon.</p> <p><u>Cystic Fibrosis</u> The service seeks patient feedback via the Friends and Family Test (FFT). The FFT is sent to patients and also can be accessed by a QR code. Uptake of the FFT is **provide data** as the service</p>		


Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<p>patient population is a mostly made up of young people who have been under the care of the service for many years. Following analysis of the ethnicity and age of patients seen in the previous year, 91% of patients are white and more than half are aged under 44 years, with 16% of patients under 24 years. Verbal feedback is their preferred choice for feedback rather than filling in forms (Friends and Family) at every visit. Consideration to formally capturing this feedback is needed as they do verbalise when something needs improvement. Local timely resolution is sought as experiences voiced.</p> <p>No current open complaints. Informal and formal complaints process in place. Where concerns are raised timely local resolution is sought.</p> <p>The pdf's below are the summary reports undertaken for each service by the reviewers.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  231027 eds2-summ-Cardiac </div> <div style="text-align: center;">  231027 eds2-summ-Transplanted </div> <div style="text-align: center;">  231027 eds2-summ-cystic fibr </div> </div>		
Domain 1: Commissioned or provided services overall rating			10	



Domain 2: Workforce health and well-being

For Domain 2 the EDI Team engaged with RPH's staff Network Leads, making up quite a diverse range of staff and patient governor with protected characteristics based on age, race, disability, sex, sexual orientation, marriage and civil partnership and religion and belief.

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>Royal Papworth have many initiatives to support staff who have a long-term illness or condition, evidence of these initiatives is as follows.</p> <p>The Trust has a dedicated Wellbeing hub where staff can find resources to help them with their mental or physical wellbeing. Creating this hub was a targeted response from the staff survey.</p> <p>We have also had walking competitions and a lunchtime walking club to encourage staff to keep active whilst at work. Through both Newsbites and all staff briefing.</p> <p>Trust Initiatives Intranet (royalpapworth.nhs.uk)</p> <p>In June 2023, the Health and Wellbeing team have handed out fruit baskets for staff areas around the hospital and at the House.</p> <p>In addition to fresh fruit, smoothies have been enjoyed by staff. Those at the House received a delivery of a variety of smoothies whilst those at the hospital had to work for theirs! Smoothie bikes popped up in the atrium where staff had to pedal to power a blender and create their fresh smoothie. Along with promoting how staff can keep active even whilst enjoying a smoothie.</p>	2 Achieving	Review Undertaken by: Staff Network Leads, and owned by Head of EDI Onika Patrick-Redhead

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<p>We have dedicated healthy eating resources for staff that include diabetic friendly diets.</p> <p>Healthy Eating Intranet (royalpapworth.nhs.uk)</p> <p>We have also partnered with local gym Frank Lee who helped us offer 25 free gym memberships for staff.</p> <p>We also offer new starters 1-month free membership at inductions.</p> <p>Mental health</p> <p>Alongside the resources that staff can access on our wellbeing hub and intranet, we have been working towards having more awareness in the form of sessions and support groups. In June, the EDI team and wellbeing team launched the Men's health group in correlation to men's mental health week. The aim of the group is for men within the Trust to have support and safe space to discuss physical and mental health concerns.</p> <p>As of October 2023, the group has met 6 times since conception, and topics for discussion are stress, dealing with anxiety at work,</p> <p>They continue to want this as a closed group.</p> <p>In collaboration with another local Trust (CPFT), we organised our first Schwartz round with a focus on Neurodiversity.</p> <p>We aim to continue to raise awareness and destigmatise for those in the Trust who are neurodiverse.</p>		


Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<p>As of October 2023, the Trust has put in a bid for the NHS improvement scheme for funding to train staff to become Schwartz round facilitators.</p> <p>Asthma and COPD</p> <p>This is an area where there are no specific individual basis reasonable adjustments.</p> <p>Disability and Difference & working carers Network/WDES</p> <p>Some conditions mentioned above along with others not mentioned, continue to receive support from our DaD network and the network continues to provide ways to improve staff experience.</p> <p>EDI Team</p> <p>RPH's EDI team also use data collected from the staff survey results and WDES to make sure we reduce the negative impact of staff with long term conditions. Please see WDES Action Plan.</p>  <p>WDES Report Action Plan 2023-24 Append</p> <p>Appraisals- Health and Wellbeing conversation using a Self-Assessment framework and in the One-to-One conversation.</p> <p>The organisation encourages managers to have yearly Health and Wellbeing conversations with staff members, using this health and</p>		

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<p>wellbeing self-assessment, at their appraisal. But as part of the 1-1 chat that line managers should regularly have with staff, question number three refers to their Health and Wellbeing.</p>  <p>One-to-one-Conversations-Health-and-Wellbeing-Self-Assessment-December-2023</p>		
	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>Abuse, violence, and aggression procedure</p> <p>The Trust launched its abuse, violence, and aggression procedure on 2nd October 2023, in response to staff feedback. In conjunction with the procedure, masterclass sessions also commenced for staff.</p> <p>The organisation recognised how important the launch of this procedure was and so created a landing page please see below.</p> <p>The procedure outlines the steps staff would take to report and deal with abuse discrimination on the grounds of any protected characteristic.</p> <p>The procedure also sign-post staff to the Voluntary sector for support like Rape Crisis UK, etc.</p>  <p>DN090-Abuse-Violence-and-Aggression</p> <p>Abuse, violence and aggression Intranet (royalpapworth.nhs.uk)</p>	<p>1 Developing</p>	<p>Review Undertaken by: Staff Network Leads, and owned by Head of EDI Onika Patrick-Redhead</p>



Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<p>Dignity at Work Procedure</p> <p>This procedure looks at recognised that bullying and harassment can create a threatening and intimidating work environment which adversely affects job performance, health, and well-being.</p> <div data-bbox="779 603 853 671" data-label="Image"> </div> <p>DN264_Dignity_at_Wo rk_Procedure.pdf</p> <p>The results from our most recent staff survey, demonstrates that the percentage of staff who experience harassment, bullying and physical violence from any source that have a long-standing illness, has decreased in comparison to previous years. However, it has increased in those who do not have a long-standing illness.</p> <p>The results pertaining to staff from a BAME background, show that there has been an increase in staff who experience harassment, bullying and physical violence from any source in comparison to previous years. There has been an improvement for staff with disability WRES and WDES (These results can be seen in the PDF at the bottom of 2D).</p>		

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<p>Staff at Royal Papworth have access to support and advice when suffering from stress,</p> <p>Freedom to speak up champions.</p> <p>The Trust has 21 Freedom to speak up champions who are based around the Trust. The role of the champions is to:</p> <ul style="list-style-type: none"> • Be a point of contact for staff to listen to their concern (s) • Provide immediate support and signposting for staff members raising concerns, advising them of their options and helping them determine the best course of action. • Act as the interface between the staff member in cases where they wish to remain anonymous, in consultation with the Freedom to Speak up guardian. • Feedback concerns raised to the Freedom to Speak up Guardian. • Attend initial training sessions and monthly meetings with other champions and the Freedom to Speak up Guardian. • Help with promotion to raise awareness of the speaking up service. • Champion a culture where raising concerns becomes “the norm”. • Contribute to creating a culture of openness and honesty. 	<p>2 Achieving</p>	<p>Review Undertaken by:</p> <p>Staff Network Leads, and owned by Head of EDI Onika Patrick-Redhead</p>

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<ul style="list-style-type: none"> • Role models the Trust values and behavioural standards expected. • Maintain confidentiality and discretion. <p>Freedom to Speak Up Intranet (royalpapworth.nhs.uk)</p> <p>EDI Team/Staff Networks</p> <p>The Trust’s EDI team helps eradicate barriers staff may face due to their protected characteristics. The EDI team also offer staff the opportunity to have informal conversations, provide advice and advise on work related issues.</p> <p>Equality, diversity and inclusion Intranet (royalpapworth.nhs.uk)</p> <p>There are four established staff networks at RPH, with Active Network Chairs/Co-Chairs and Deputies with formal Terms of Reference and a Staff Network Strategy. The Armed forces and Men’s Health groups are not formal groups.</p> <p>Cultural Ambassadors</p> <p>Cultural ambassadors are trained to identify and challenge discrimination and cultural bias. They use these skills in their role as a neutral observer within disciplinary processes, formal investigations and grievance hearings involving staff from BAME backgrounds. We have however extended this to staff with all protected characteristics.</p>		

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<p>Health and Wellbeing hub</p> <p>As mentioned above, the hub provides resources for staff for a variety of conditions, as well as ways to combat stress from any source.</p> <p>Mental health support Intranet (royalpapworth.nhs.uk)</p> <p>Union Reps</p> <p>Our trust Union reps are independent and impartial, they are part of the Quorate that makes up the EDI Steering Committee and Joint Staff Council, please see the ToR's for both Committees.</p>  <p>Terms of Reference - updated September 2</p> <p>Equality Impact Assessments</p> <p>RPH, uses the Equality Impact Assessment with some projects and policy/procedure review in the organisation, please see a snippet of part of an assessment, completed for the Trans procedure.</p> <p>16 days of Action Against DV</p> <p>In November 2022, as a response to soft intelligence gained through the Women's Network, we decided to collaborate with Cambridge Rape Crisis Centre (VSCE). Where we had an event aligned with the 16 days of action against domestic Violence.</p>		

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<p>This was advertised in our weekly Newsbites and the invitation for the event was sent out to all four Staff Networks, Board, and staff who were interested in attending who were not part of the Networks.</p>		
	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>Rainbow Badge Assessment</p> <p>In October 2022 RPH undertook the Rainbow Badge assessment, the assessment was created to be a way for NHS staff to demonstrate that they are aware of the issues that LGBT+ people can face when accessing healthcare.</p> <p>The assessment looked at data through a series of staff survey, patient surveys and services survey, and worked through some policy review and workforce assessments.</p> <p>RPH was able to receive a bronze outcome, however in the coming year was able to focus our energies on looking at creating a Trans procedure, and Pronoun leaflets. Working through providing gender neutral toilets to support all staff. As outcomes of the assessment. Please see doc below.</p> <div data-bbox="779 1010 853 1078" data-label="Image"> </div> <p>Royal Papworth final report- AM (1).pdf</p> <p>As an organisation we do not have a formal way of collating data for the LGBT+ community for improvements, however on using the Rainbow badge Assessment we were able to do this for Oct 22-Oct 23</p>	<p>1 Developing</p>	<p>Review Undertaken by:</p> <p>Staff Network Leads, and owned by Head of EDI Onika Patrick-Redhead</p>


Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<p>WRES/WDES</p> <p>RPH, collates and compares the experience of BAME staff, and staff who are disabled and have long standing conditions, by using the WRES and WDES, then creates action plans to make improvements. WRES and WDES 23-24 action plans below.</p> <div style="display: flex; justify-content: center; gap: 20px;">   </div> <p>WDES Report Action Plan 2023-24 Append Plan 2023-24 v3.pdf WRES Report Action Plan 2023-24 v3.pdf</p> <p>Staff Survey Results for staff who would recommend RPH as a place to work.</p> <p>In 2022, 61.6% of staff at Royal Papworth Hospital agreed or strongly agreed with this statement, compared to an average of 68.6% across similar organisations.</p> <p>Staff Survey Results for staff who would recommend RPH as a place to receive treatment.</p> <p>In 2022, 85.7% of staff at Royal Papworth agreed with this statement. While still above average (86.5%), this is 5.5 percentage points lower than in 2021.</p> <p>The pdf's below are the respective Domain evidence supplied to the Leads by RPH EDI Team.</p>		

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		 EDS Domain 2 Evidence v.5.pdf		
Domain 2: Workforce health and well-being overall rating			6	

Domain 3: Inclusive leadership

For Domain 3, RPH, CPFT and NWAFT buddied up as system partners to review each other.

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	<p>Evidence presented to us shows:</p> <ul style="list-style-type: none"> • Equality discussed in board and committee meetings, board members and senior leaders meet staff networks on regular basis and all networks have senior sponsor. • Board members and senior leaders engage in cultural events and celebrations and demonstrate commitment to EDI. • Senior leaders are involved in the delivery of reciprocal mentoring program and the CEO opens cultural events. Non-executive director attends the Race Equality Network as well as the executive ally. • Chief Nurse is involved in Trans Policy. • Recommendation to include more Health Inequalities initiatives to achieve Excelling Activity. 	2 Achieving	Owned by Head of EDI Onika Patrick-Redhead Review Undertaken by: System Partner NWAFT.

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"> • EQIA identifies inequalities. • Reciprocal Mentoring Impact and Progress. • Escalation Steering Group to Board. • WRES WDES and GPG presented to committees and the Board. • Equality impact assessments are completed for all projects and policies and are signed off at the appropriate level where required. 	2 Achieving	Owned by Head of EDI Onika Patrick-Redhead Review Undertaken by: System Partner NWAFT
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.	<p>EDI Steering Group monitors progress.</p> <p>Board members, system and senior leaders ensure the implementation of the relevant tools. Board members, system and senior leaders monitor the implementation of the below.</p> <p>Annual reporting for WRES, WDES, GPG, AIS, EDS 2022. Abuses, violence & aggression policy - Masterclasses for staff around new implemented policy.</p> <p>The pdf's below are the respective Domain evidence supplied to the Leads by RPH EDI Team.</p>  <p>Domain 3 evidence pack - FINAL.pdf</p>	1 Developing	Owned by Head of EDI Onika Patrick-Redhead Review Undertaken by: System Partner NWAFT

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 3: Inclusive leadership overall rating			5	Onika Patrick-Redhead

Third-party involvement in Domain 3 rating and review

Trade Union Rep(s):



EDS-2022-reporting-template Domain 3 Pa

Independent Evaluator(s)/Peer Reviewer(s):

North West Anglia Foundation Trust signatures below.

Third-party involvement in Domain 3 rating and review

Trade Union Rep(s):
Sam Hemraj

Independent Evaluator(s)/Peer Reviewer(s):

Hyacinta Zozulakova

Craig Short

Overall RPH Rating

EDS Organisation Rating (overall rating): **21 Developing**

Organisation name(s): Royal Papworth Hospital NHS Foundation Trust

Those who score **under 8**, adding all outcome scores in all domains, are rated **Undeveloped**.

Those who score **between 8 and 21**, adding all outcome scores in all domains, are rated **Developing**.

Those who score **between 22 and 32**, adding all outcome scores in all domains, are rated **Achieving**.

Those who score **33**, adding all outcome scores in all domains, are rated **Excelling**.

EDS Action Plan

EDS Lead	Year(s) active
Onika Patrick-Redhead, Head of EDI. Jacqui Wynn, Head of Quality Improvement and Transformation. Berin Krenek, Health Inequalities Lead. Chanel Anyanwu, EDI Network and Compliance Officer.	October 2022-October 2023
EDS Sponsor	Authorisation date
Oonagh Monkhouse, Director of Workforce and OD. Maura Screatton, Chief Nurse. Louise Palmer, Assistant Director for Quality and Risk.	Trust Board 1 st February 2024.

Domain 1	Outcome	Objective	Action	Completion date
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Domain 1: Commissioned or provided services.	1A: Patients (service users) have required levels of access to the service	<p>Cardiac Rehab/Transplant To improve recording of patient demographics to include ethnicity first and second language interpreting requirements, disabilities etc, within the Electronic Patient Record.</p>	<p>Trust wide long-term action Provide recommendation to EPR Steering Group:</p> <ul style="list-style-type: none"> a) that with the implementation of the new EPR system ensure patient demographics are mandatory field to enhance data collection of patient demographics. b) to develop systems and process to utilise culturally competent data within the new EPR to provide assurance and/or continuous improvement relating to service access. 	November 2023 Recommendation Completed
		<p>Cardiac Rehab/Transplant Develop local process to ensure patient demographics are recorded on current EPR system to inform service improvement and provide assurance relating to access.</p>	<p>Cardiac Rehab/Transplant Develop local process to ensure patient demographics are recorded on current EPR system to inform service improvement and provide assurance relating to access.</p>	April 2024
		<p>Cystic Fibrosis To improve young people's experience of transition to RPH</p>	<p>Cystic Fibrosis To develop a transition webpage to include a virtual tour of the hospital</p>	June 2024

	1B: Individual patients (service users) health needs are met	<p>Transplant To improve sharing of electronic records/patient information during transition for young people to our services between hospitals to aid seamless transition of care.</p>	<p>Transplant To explore functionality of the shared care record and scope suitability for this action along with localised improvement e.g., passport to aid transition between care providers.</p>	June 2024
	1C: When patients (service users) use the service, they are free from harm	<p>Trust wide Re-establish patient/carer engagement events and activities to ensure that those that use our services are listened to and aid co-design/production of our service improvements.</p>	<p>Trust wide To present case for resource and funding for new Head of Patient Experience and Engagement for the Trust. This role will be pivotal in re-established patient and carer engagement.</p>	February 2025
	1D: Patients (service users) report positive experiences of the service	<p>Cardiac Rehab Enable analysis of patient experience for patients with protected characteristics across all services we provide to gain assurance and/or inform service improvement.</p> <p>Cystic Fibrosis Formally capturing feedback from patients in this service</p> <p>Overall, the teams do not seem to have a developed approach around health inequalities.</p>	<p>Trust wide/Cardiac Rehab To review the mandatory FFT survey, to include protected characteristics.</p> <p>Cystic Fibrosis Engage with young people to implement new interactive ways to capture their experience, such as via written survey, or online forms, to gather documented feedback to ensure their views are represented.</p>	February 2025

Domain 2	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions	To pro-actively support staff with long term conditions to manage their health and wellbeing.	<p>Monitoring and reporting of protected characteristics in relation to sick leave for the mentioned conditions.</p> <p>Implement programme to offer staff health checks.</p> <p>Improve signposting to local and national resources and support pathways specific to managing obesity, diabetes, asthma, COPD and mental health.</p>	February 2025
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	<p>Use staff experience to inform approaches to reduce incidences of harassment, bullying and physical violence.</p> <p>Year on year improvement in WRES/WDES and Staff Survey data where figures are above average</p>	<p>Continue just and learning culture implementation in our management of grievances and dignity at work complaints.</p> <p>Work to implement the sexual violence charter.</p>	February 2025

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment, and physical violence from any source	Equality Impact Assessments consistently undertaken.	Training and awareness raising to increase use and effectiveness of Equality Impact Assessments. Continue just and learning culture implementation in our management of grievances and dignity at work complaints.	February 2025
	2D: Staff recommend the organisation as a place to work and receive treatment	Collation and comparison of ethnically diverse, LGBTQ+ and disabled staff experiences in comparison with staff who do not share those characteristics.	Review questions on Pulse survey to include other protected characteristics.	February 2025

Domain 3	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Strengthen the integration of health inequalities into decision-making processes within the Trust. Implement the Leadership Framework for Health Inequalities Improvement.	Executive Sponsors continue to support staff networks. Raise profile of executive leadership in relation to equality through internal articles, media at events and making the EDI connection across all areas of their work. Empower senior leaders by identifying and addressing any	February 2025

			<p>learning needs around equality and health inequalities.</p> <p>Participation in the system inclusive leadership programme to improve knowledge and understanding of equality and cultural intelligence.</p>	
	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<p>Monitor Equality Impact Assessments. Increase the effectiveness of staff risk assessments for those with protected characteristics.</p> <p>Equality and health inequalities are reflected in organisational business plans to help shape work to address needs</p>	<p>Review the EDI metrics used in the Integrated Performance Report.</p> <p>Formalise Health Inequalities role within the organisation, to include other health inequalities related work. (Alcohol use, obesity etc. looking at interventions that aligns with CORE 20 plus 5. (COPD Chronic respiratory Disease).</p>	<p>February 2025</p>
	<p>3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients</p>	<p>Ensure that the Trust is gather and using exit information to inform decision making and understanding of staff retention and engagement.</p>	<p>Implement an exit interview process that enables the gathering of feedback from staff leaving the Trust and that the data gathered can be analysed by protected characteristics.</p> <p>Board needs to allocate reasonable resources and support necessary for implementation.</p>	<p>February 2025</p>

