

## EQUALITY DELIVERY SYSTEM (2025-26)

### 1 EXECUTIVE SUMMARY

**This report provides the Board of Directors:**

- A summary of actions from the previous Equality Delivery System (2024-25)
- Oversight of the EDS Report for 2025-26
- Actions for 2026, which have been developed using stakeholder feedback.

This report summarises EPUT's implementation of inclusion and wellbeing throughout the year. Patient and staff stakeholders grade this, with feedback informing the actions proposed as part of the action plan in **Appendix A** and in line with our Public Sector Equality Duty or PSED (2010).

We as a Trust remain as a “developing” Trust based on the EDS scoring system, with a reduction from 20.21 / 33 in 2024 to 14.7 / 33 in 2025. Feedback from our stakeholders (**Appendix B**) has been developed into proposed actions for the Trust (**Appendix A**) and guides our actions alongside our wider Trust strategies. Whilst this has been drafted based on EPUT data, this will also be submitted to Mid and South Essex (MSE) Integrated Care Board (ICB).

### 2 BACKGROUND

The Equality Delivery System (EDS) is a tool to support the NHS in inclusion and wellbeing. Whilst this framework is referred to as “EDS2022” based on the last date of revision, this will be referred to as ‘EDS’ to show this report is for our current progress. The EDS is included in the NHS standard contract, and we use the report template (**Appendix A**) to share our performance. This involves summarising our progress and providing evidence where relevant, then presenting this to stakeholder volunteers for grading:

- **Domain One: Commissioned or Provided Services** Led by the Patient Experience Manager (Amy Poole) based on two services selected alongside other provider organisations within the ICB, then graded by Lived Experience Ambassadors in the Trust.
- **Domain Two: Workforce Health and Wellbeing** Evidence compiled and presented by the Equality Advisor (Gary Brisco) with assistance from the OD and Culture directorate, then graded by staff volunteers acting as Stakeholders.
- **Domain Three: Inclusive Leadership** Evidence compiled by the Equality Advisor (Gary Brisco) and the Director of OD and Culture, then graded by an independent evaluator (Arleen Brown) and Trade Union representative (Oladipo Ogdenbe).

A breakdown of grading from stakeholders and comparison to previous years is available in **Appendix B**.

### 3 EPUT EDS PERFORMANCE 2025

Stakeholders grade each domain's outcome as either “undeveloped (0)”, “developing (1)”, “achieving (2)” or “excelling (3)” based [on technical guidance and criteria provided by NHS England](#). The average score is used to calculate a final grade for each outcome and the overall EDS for the Trust. Following the submission of evidence (**Appendix A**) to the three stakeholder cohorts, each group was encouraged to provide their grading as well as any potential improvements they would like to see within the organisation:

**Domain One (Commissioned or Provided Services)**

- In line with EDS technical guidance, EPUT's Patient Experience Manager (Amy Poole) conducted this collaboratively with Mid and South Essex ICB, with different patient-facing services nominated each year.
- This year evidence was provided for Southend Primary Care Mental Health Team and Basildon and Brentwood Older People's Community Mental Health Team.
- This evidence was shared with our Lived Experience Ambassadors, who were invited to review the material and provide their assessments through an MS Teams form.
- Each ambassador independently rated the evidence against the relevant EDS indicators, ensuring a diverse and representative range of perspectives.
- In total, 12 Lived Experience Ambassadors participated in this process, offering valuable insight rooted in lived experience and strengthening the credibility, inclusivity, and robustness of the final outcomes.
- Scores were provided and then averaged to create a final score for each. **(Appendix B)**

**Domain Two (Workforce Health and Wellbeing)**

- EPUT staff members acting as stakeholders completed this, promoted across the Trust via Communications, engagement with Staff Networks promotion on EPUT's EDI pages.
- Multiple staff were provided with a summary of EPUT progress in Domain Two **(Appendix A)**, this evidence was shared alongside the criteria for an Excelling Trust to help give context and a video version was made available alongside the survey to ensure this was accessible for all staff members.
- Thirty-three participants completed the anonymous online survey (via MS Forms), which also collected demographic information and gave the opportunity to provide general feedback on workforce health, inclusion, and wellbeing. **(Appendix B)**

**Domain Three (Inclusive Leadership)** was graded independently by two stakeholders:

- Arleen Brown (*Equality and Diversity Lead for Princess Alexandra Hospital*) and Oladipo Ogdenbe (EPUT Staffside Chair) provided peer review as independent evaluators.
- These two stakeholders were provided with evidence, including a snapshot of EPUT Board papers, public reports (including the WRES, WDES, Pay Gap and PSED) and the information listed for Domain 3 **(Appendix A)**.
- Stakeholders provided their individual grading, feedback and suggested next steps for improvement, used in developing the recommendations in this report. **(Appendix B)**.

**4 CONCLUSION**

In conclusion, whilst we remain a "developing" organisation, we have seen a decline in score from 20.21 to 12.7 out of a possible 33 **(Appendix B)**. This is in part due to lower scores across Domain 1 (Commissioned and Provided Services) from Lived Experience ambassadors within the organisation, reductions in Domain 2 for both "2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source" and "2D: staff recommend the organisation as a place to work and receive treatment."

Whilst our evidence shows we are achieving in these areas as a Trust, with predicted grading showing a higher score for Domain 2 and 3, more work needs to be done to raise awareness and improve perceptions of the support available for wellbeing, equality, and inclusion.

## 5 NEXT STEPS

The EDS Action Plan has been developed based on these scores and is included in the main EDS template (**Appendix A**). These will also influence our wider EDI, Health Inequalities and Wellbeing work within the Trust in 2025-26. Objectives include the following:

### Domain 1 Commissioned and Provided Services (Patient Experience)

- Create reporting templates to capture how services accommodate patients with protected characteristics or those at risk of health inequalities.
- Co-Produce improvements to access for individuals with protected characteristics.
- Expand the safety dashboard to ensure equality-related factors are systematically flagged within incident and near-miss reporting.
- Enhance Protected Characteristic Recording Within iWGC.

### Domain 2 Workforce Health and Wellbeing (OD and Culture)

- Provide Health and Wellbeing initiatives and opportunities in the Trust and evidence uptake.
- Raise awareness of support available for staff who experience anti-social behaviour, discrimination, or sexual misconduct, highlighting what consequences there are for patients and staff.
- Develop Staffside and Staff Networks to ensure they can provide impartial support.
- Improve the 2026 NHS Staff Survey scores for staff recommending the organisation as a place to work and for treatment.

### Domain 3: Inclusive Leadership (Trust Board and Senior Leadership)

- Strengthen Staff Networks and improve participation and collaboration of Senior Sponsors.
- Data is clearly communicated to Trust Board and evidence of analysis and interventions developed at this level are promoted to workforce.
- Show clear evidence as an organisation that equality and health inequalities are discussed, with clear interventions undertaken at Board / Committee level when issues are identified.
- Collaborate with other teams to present staff wellbeing data to Executive Operational Team, ensuring they can understand current EDI and Health Inequalities issues within the organisation.

## 6 ACTION REQUIRED

Trust Board are required to:

1. Approve the report and appendices.
2. Approve the proposed actions in response to stakeholder feedback.
3. Approve the submission of the report and appendices to Mid and South Essex Integrated Care Board (MSE ICB) for submission by February 2026

Report prepared by:

**Gary Brisco**  
Equality Advisor

**Amy Poole**  
Patient Experience Manager

On behalf of:  
**Andrew McMenemy**  
Chief People Officer

Appendix A – Equality Delivery System Reporting Template

NHS Equality Delivery System (EDS)

<b>Name of Organisation</b>	<b>Essex Partnership University NHS Foundation Trust (EPUT)</b>	<b>Organisation Board Sponsor/Lead</b>		
		<b>Andrew McMenemy – Chief People Officer</b>		
<b>Name of ICB</b>	<b>Mid and South Essex ICB</b>			

<b>EDS Lead</b>	<b>Amy Poole (Patient Experience Team) Domain 1</b>  <b>Gary Brisco (Equality Advisor) Domain 2 and 3</b>	<b>At what level has this been completed?</b>		
			<b>*List organisations</b>	
<b>EDS engagement date(s)</b>	<b>Domain 1</b> 09/12/2025 – Lived Experience Experts 09/12/2025 – Collaborative with MSE ICB  <b>Domains 2 and 3</b> 01/12/2025 – Engaging with Staff Stakeholders and Independent Adjudicators	<b>Individual organisation</b>	<b>Domain 2 and 3</b> EPUT and submission to MSE ICB on February 2026	
		<b>Integrated Care System-wide*</b>	<b>Domain 1</b> Graded collaboratively with Mid and South Essex ICB	

<b>Date completed</b>	<b>Thursday 11<sup>th</sup> December 2025</b>	<b>Month and year published</b>	March 2026
<b>Date authorised</b>	<b>TBC</b>	<b>Revision date</b>	-

# 2025 EDS ACTIONS AND PROGRESS

**Domain 1: Commissioned or provided services actions from EDS 2025**

**Equality Objectives**

**1A: Patients (service users) have required levels of access to the service.**

- 1. Improve data quality and visibility so that evidence is made available which shows how services accommodate patients with higher risks due to a protected characteristic or at risk of health inequalities to have adequate access to the service.**
  - Data quality and visibility have improved through Power BI developments.
  - Further enhancements are expected with the implementation of the new UEPR.
  - This topic has been included as an agenda item for discussion at the People Participation Group of the UEPR. The focus is on ensuring evidence demonstrates how services accommodate patients with higher risks due to a protected characteristic or those at risk of health inequalities, ensuring adequate access to the service.

**Trust Strategic Objective SO1**  
 “We will delivery safe, high quality integrated care services.”

**1B: Individual patients (service users) health needs are met.**

- 1. Document routine signposting to VSCE organisations and use of social prescribing.**
- 2. Ensure details of how personalised care is embedded into the care for those with higher risks due to a protected characteristic is clearly evidenced.**
- 3. Increase scope of working in partnership with community groups, and VCSE organisations to support service delivery for those with protected characteristics.**
  - The new inpatient operating model has been designed to ensure that routine signposting to VCSE organisations and the use of social prescribing is documented.
  - Personalised resources such as trauma buddy resources reflect how those with protected characteristics are able to tailor their care even more in practice.
  - EPUT has strengthened partnerships with community groups and VCSE organisations through co-production initiatives, including the Lived Experience Team, co-production champions, and events such as the Co-production 2025 Conference.
  - Practical collaborations, e.g., peer support on inpatient wards, involvement of lived experience ambassadors in service design and recruitment, and joint projects with VCSE partners like the SET MH PPG discussing and co-designing ways in which access can be improved for those with protected characteristics.

**Trust Strategic Objective SO2**  
 “We will enable each other to be the best we can”

**1C - Increase scope and utilisation of Patient Safety Partner role across organisation.**

- 1. Actively include equality and health inequality themes in safety incidents and near misses.**
- 2. Continue and increase scope of Patient Safety visits to include community services.**
- 3. Agree reporting method for Patient Safety Partner interviews; ensure actions, themes, and trends from patient interviews are captured and incorporated into learning from complaints and PALS with assigned accountability.**
  - This work has been incorporated into safety dashboard developments.

**Trust Strategic Objective SO1**  
 “We will delivery safe, high quality integrated care services.”

**Domain 1: Commissioned or provided services actions from EDS 2025**

**Equality Objectives**

- Increased scope of PSPs in discussion as role currently on pause; set to move away from a Reward and Recognition role to a permanent role within the trust.
- Triangulation of PALS, Complaints and “I want great care” (iWGC) data now included in care unit quality and safety reports. This can include PSP data once the role has become embedded as permanent within EPUT and data capture of interviews has been specified.

**1D - Ensure every service within EPUT is using iWGC as the recognised patient feedback service.**

- 1. Improve protected characteristic listing with iWGC.**
  - 2. Improve access to collate data from patients with protected characteristics about their experience of the service with iWGC.**
  - 3. Continue campaign to ensure every service within EPUT is using iWGC as the contracted provider of PREMS.**
  - 4. Patient Experience team to work with services to engage with patients specifically with protected characteristics and other groups at risk of health inequalities about their experience of the service.**
  - 5. Document existing and future work with the VCSE to ensure all patient voices are heard; from this create data driven/evidence-based action plans to monitor progress. Governance structure to follow PCREF; EoC and Quality committee.**
- Request sent to iWGC to update ethnicity coding’s- this work is set to be achieved in January 2026 once iWGC move to their new platform.
  - iWGC cannot remove the option of “other” from ethnicity coding’s which accounts for the majority of individuals from racialized backgrounds not having their ethnicity correctly documented. Improved ethnicity coding’s to match current best national standards set to go live with new platform in January 2026.
  - Patient Experience iWGC reporting co-ordinator remains in dedicated post, to support teams with utilising iWGC.
  - Part of reporting co-ordinators 2026 objectives, in line with new platform go live date.
  - Action plans created as part of work streams including PCREF, CMH survey and UEPR are shared with Quality of care as part of the People Participation update

**Trust Strategic Objective SO1**  
 “We will delivery safe, high quality integrated care services.”

**Domain 2: Workforce health and well-being actions from EDS 2025**

**Equality Objectives**

**2A When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions:**

- **Continue to monitor health, inclusion, and wellbeing of staff via appraisal process.**
- **Use sickness and absence data in the Trust to help guide wellbeing interventions, use this learning to reduce negative impacts in working environment.**
- **Promote initiatives for work-life balance in the Trust, including access to VCSE organisations.**
  
- NHS Weight Management Service advertised in EPUT Payslips.
- Wellbeing, health, and any current issues affecting staff members are incorporated into the staff appraisal and supervision processes to monitor and support employee health and wellbeing.
- Sickness and Absence data reported to Trust Board via Employee Relations team, with trends highlighted for action and intervention.
- Health and wellbeing training awareness sessions for line managers are integrated into the Management Development Programme and leadership development programme aiming to a raise awareness, provide support, and offering essential resources.
- VCSE offers regularly promoted via staff intranet pages, and available on request to staff.
- The EPUT staff intranet hosts numerous health and wellbeing pages featuring links and resources related to physical activity, sleep, healthy eating, hydration, smoking cessation, substance misuse, resilience, mindfulness, and the Cycle-to-Work scheme.
- Equality Advisor / Disability and Mental Health Staff Network can provide guidance and support, with updates made to our Reasonable Adjustments policy and procedure.
- The Employee Assistance Programme (EAP), provided by our Occupational Health Provider PAM (People Asset Management), offers support related to health and wellbeing matters, guidance on workplace reasonable adjustments, debt management, legal issues, bereavement, and relationship concerns. This service is free, confidential, and available 24/7.
- The Organisational Development and Culture team provides monthly newsletters to all staff, featuring topics such as health and wellbeing, financial wellness, healthy tips, and updates on health and wellbeing initiatives.
- Throughout the year, the Employee Experience Team deliver health and wellbeing sessions to staff, covering areas including menopause, financial difficulties, and support through difficult periods (such as tragic news events).

**NHS EDI Improvement Plan HIA4:**  
 Develop and implement an improvement plan to address health inequalities within the workforce.

**Domain 2: Workforce health and well-being actions from EDS 2025**

**Equality Objectives**

**2B When at work, staff are free from abuse, harassment, bullying and physical violence from any source:**

- 1. Develop effective interventions against bullying, discrimination, and harassment from service users against staff members, as well as improved support for those affected.**
- 2. Collaboratively develop new guidance with Ethnic Minority and Race Equality Network for staff to promote EPUT’s Anti-Racist and Zero-Tolerance approach to discrimination.**

- Staff members who experience assault or abuse within the organisation can receive support from our Violence and Aggression Prevention and Management (VAPR) Team, who can support staff experiencing threatening and violent behaviour from patients and members of the public, as well as raise issues with the police for intervention.
- EPUT is an Anti-Racist Trust and regularly confirms this through our Communications Team, discriminatory behaviour from patients will be challenged.
- EPUT has implemented the Unprofessional Behaviours and Sexual Safety Program for all staff. This program enables staff to discuss unprofessional behaviours within the workplace, reflect on their own conduct, and provides an essential tool for managing difficult and challenging behaviours. Embedding this program contributes to fostering a more positive workplace culture.
- “Discrimination is not part of my job” campaign developed in collaboration with the Ethnic Minority and Race Equality Network part of EPUT messaging in our patient facing services, offering support to staff members experiencing discriminatory behaviour and clearly informing staff that this is not tolerated.
- Active bystander training delivered in line with Unprofessional Behaviours and Sexual Safety program for staff, empowering our staff to call out, report and challenge discrimination from patients and staff.
- Those who report discrimination via DATIX are directly contacted by the Equality Advisor, offering support and guidance. They are also promised a debriefing session by their manager where this is racially motivated discrimination, bullying or harassment.

**NHS EDI Improvement Plan HIA6**  
 Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

**2C Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source:**

- 1. Promote and distribute Reasonable Adjustments / Health, and Wellbeing Toolkit across EPUT.**
- 2. Continue to promote and raise awareness of Freedom to Speak up Guardians.**
- 3. Improve access to workforce support resources for those unable to access them online.**

- Collaborative working alongside the Disability and Mental Health Network to develop a Neuroinclusive Café and update our reasonable adjustments guidance and training to better support staff and inform managers.

**NHS EDI Improvement Plan HIA6**  
 Create an environment that eliminates the conditions in which bullying, discrimination,

**Domain 2: Workforce health and well-being actions from EDS 2025**

**Equality Objectives**

- EPUT is working collaboratively with the local ICS on staff health and wellbeing initiatives. This collaboration ensures that EPUT maintains high standards, provides well-led services, and adheres to best practices.
- Freedom to Speak up Guardians regularly engage with staff and promote their services throughout the year, including Freedom to Speak Up month in October.
- Staff engaged frequently in-person by Employee Experience Managers and Staff Engagement Team visits, who can signpost to external services and confidential services offered within the Trust.
- EPUT has trained Mental Health First Aiders, who play a vital role in promoting and supporting employee wellbeing. Mental Health First Aiders acquire skills to identify the signs of someone experiencing mental health challenges and gain the confidence to initiate a supportive conversation and learn about the resources available to guide individuals to appropriate support, ensuring a positive and healthy workplace for all.

harassment and physical violence at work occur.

**2D Staff recommend the organisation as a place to work and receive treatment:**

- 1. PSED / General Workforce / Staff Survey data will be used gauge the experience of marginalised staff (BME, LGBTQ+) within EPUT and develop interventions for retention.**
  - 2. Implement EPUT retention strategy, with actions to improve staff turnover and experience.**
  - 3. Creation of a Recruitment and Retention Task and Finish Group to continue development of retention actions within the Trust.**
- Teams regularly engaged by Employee Experience Managers, who each cover a locality in the area and support staff development and wellbeing.
  - Retention Strategy still in development within the organisation.
  - Recruitment Task and Finish group implemented, with Inclusion Ambassadors in response to the experiences of BME staff shown in our WRES data.
  - Reward and Recognition Hub allows staff to share praise for each other on the Staff intranet.
  - Long-Term Service awards at 25 and 40 years for staff.
  - EDS, PSED, WRES and WDES data all reviewed at Board level, with actions for improvement suggested by Equality Advisor, difficulties experienced by marginalised staff and interventions all reported to Board.
  - Associate Health Practitioners engaged to collect feedback alongside Chief AHP to improve conditions for flexible working, retention, and intake. Program modified to add improvements to work-life balance and on-boarding process.
  - Health Care Assistant academy aimed at HCA staff members, introducing a buddy scheme to improve on-boarding / mentoring of new intake. Developed and delivered in collaboration with the recruitment team. Ongoing check-ins after 30, 60 and 90 days to gauge wellbeing.

**NHS People Promise**

“We are Recognised and Rewarded, Staff Engagement and Morale”

**Domain 2: Workforce health and well-being actions from EDS 2025**

**Equality Objectives**

- Deep dive into work-life balance of employees conducted by Retention Lead and People Promise Manager based on Staff Survey and focus grouping staff. Flexible working promoted across the Trust to raise staff awareness and increase uptake.
- New starters surveyed after one-month, also called by Retention Lead to gauge their on-boarding and identify issues working in the Trust.
- Funding sourced by Employee Experience managers to improve Staff Areas across Trust, providing better quality spaces for staff. One of which is at Trust Head office (The Lodge).

**Domain 3: Inclusive leadership actions from 2025**

**Equality Objectives**

**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.**

- 1. Senior Leaders to continue to demonstrate a commitment to health inequalities, wellbeing, and EDI by attendance of relevant events.**
- 2. Ensure evidence for board members actively communicating messages for inclusion, wellbeing and health are collected throughout the year.**
  - Senior Leaders to continue to demonstrate a commitment to health inequalities, wellbeing and EDI and are frequently invited to relevant events.
  - Re-commitment to the Anti-Racist charter, which was signed by the CPO, working alongside colleagues from staff-side. This has been distributed across the wards/services to ensure parity with other EDI initiatives including sexual safety. Ensure evidence for board members actively communicating messages for inclusion, wellbeing and health are collected throughout the year.
  - Board members are part of Communications regarding health inequalities, wellbeing, and EDI within the organisation, although a full archive of these has not been collated across the year as these tend to be intranet articles.

**High impact action 1:**  
Chief executives, chairs, and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.

**Domain 3: Inclusive leadership actions from 2025**

**Equality Objectives**

**3B Board / Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.**

- 1. Equality and Inclusion as well as Health Inequalities of Patients and Staff to be standing agenda items in all board and committee meetings, even those outside of People and Culture Directorate (such as Estates or Finance.)**
  - 2. Review Equality Impact Assessment process in EPUT to ensure this is a mandatory item in project development and approval / discussion takes place at a senior level.**
  - 3. Ensure equality and health inequalities are reflected in the organisational business plans to help shape work to address needs.**
- Equality Impact Assessment updated and now a mandatory part of project submission to Board, with improved guidance and a streamlined process for submission and approval. Equality and Quality Impact Assessments are performed on all projects led within EPUT’s transformation team.
  - Equality and health inequalities are reflected in the organisational business plans to help shape work to address needs.
  - EDI and Health inequalities are not reflected in papers outside of People and Culture Directorate, but this is an ongoing development.
  - Equality and Health Inequalities KPI’s are reflected in EPUT’s People and Education Strategy (2025-28) and Trustwide Strategy, both published on EPUT’s public website, reviewed at board level based on WRES / WDES and Staff Survey data.

**High impact action 1:**  
 Chief executives, chairs, and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.

**Domain 3: Inclusive leadership actions from 2025**

**Equality Objectives**

**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.**

- 1. Review Trust staffing to ensure those at Band 7+ are reflective of the population served and Trust demographics to ensure representation.**
  - 2. Ensure Accessible Information Standard (AIS) is present in EPUT, and part of the contracts and services provided by the Trust.**
  - 3. Board EDI objectives should be dictated by existing data from PSED, Staff Survey and WRES / WDES data, with interventions at a senior level to address negative trends or lack of progress.**
- Demographic reporting shared with Trust Board via PSED, Staff Survey and WRES / WDES data.
  - Accessible Information Standard promoted throughout Trust and part of current EPUT training.
  - WRES data investigated following severe disparity rates in formal disciplinary rates, discussed as part of People Committee board alongside EMREN Chair.
  - Board EDI objectives dictated by existing data from PSED, Staff Survey and WRES / WDES data, with interventions proposed as part of these reports.
  - Leadership interventions will include graduates from our award-winning RISE programme that is sponsored by our Executive Chief People Officer and delivered by our OD team alongside external consultants including Dr. Joan Myers. Whilst the RISE programme is for colleagues from Bands 2 to 8b and has now become an ICS endeavour, the King's Fund will be supporting at least 20% BME staff into the future senior leadership programmes.

**High impact action 1:**  
Chief executives, chairs, and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.

# DECEMBER 2025 EDS EVIDENCE PACK & STAKEHOLDER RATING

Outcome	Evidence: Commissioned or Provided services 2025	Rating	Owner (Dept/Lead)
<p><b>1A: Patients (service users) have required levels of access to the service</b></p>	<p><b>Southend Primary Care Mental Health Team <a href="mailto:simone.longley@nhs.net">simone.longley@nhs.net</a></b></p> <ul style="list-style-type: none"> <li>• Option of a face-to-face appointment, particularly for the initial assessment, reliant on the availability of rooms at GP practices. Difficult to achieve in the larger surgeries since the introduction of the ARRS (additional roles reimbursement scheme) which has seen primary care networks employing more healthcare professionals from a range of disciplines to meet the need of their patient population.</li> <li>• Choice of face-to-face, video or telephone consultations.</li> <li>• Joint working with other services. We aim to work in a trauma informed way. We regularly carry out joint assessments and reviews with the community drug &amp; alcohol team, HARP (the homeless action resource project and the social prescribers as well as our colleagues in other EPUT teams.</li> <li>• If a patient requires a home visit, this can be facilitated.</li> <li>• Most patients offered an assessment or review appointment by the PCMHT will be seen within two weeks of the referral date, with many offered an initial appointment within a week.</li> <li>• We do try to work with practice managers and primary care network leads to find a solution. We also raise the issue as a concern with ICB representatives and try to think creatively to find possible solutions.</li> <li>• We have ensured that we are visible and accessible to services who are supporting vulnerable patients in community services. We attend the monthly hoarding panel, have a weekly drop-in meeting with the drug &amp; alcohol services and we attend the Complex Needs and Frailty meetings already initiated in two of our 4 PCN areas. We are in the process of establishing these in the remaining 2 PCNs.</li> <li>• We hold a weekly Integrated Neighbourhood MH MDT in each PCN. These are attended by the Social Prescribers and representatives from Trust Links the mental health charity and Therapy for You. We are continuing to build on this foundation by inviting cluster leads from the Recovery &amp; Wellbeing Team and other relevant parties. We are aiming to reduce duplication and avoid referrals ‘bouncing’ around the MH teams.</li> </ul> <p><b>Brentwood &amp; Basildon Older Peoples Community Mental Health Team <a href="mailto:pauline.chittenden@nhs.net">pauline.chittenden@nhs.net</a></b></p> <ul style="list-style-type: none"> <li>• Referrals accepted from GPs and other health and social care professionals.</li> <li>• Outreach and home visits offered to reduce barriers for those with mobility or cognitive challenges.</li> <li>• Translation and interpretation services available to support non-English speaking service users.</li> <li>• Booking of transport is facilitated for service users with mobility or access issues, ensuring equitable access to appointments.</li> </ul>	<p><b>1</b></p>	<p><b>Patient Experience</b></p> <p><b>Amy Poole: Patient Experience Manager</b></p>

Outcome	Evidence: Commissioned or Provided Services 2025	Rating	Owner (Dept/Lead)
<p><b>1B: Individual patients (service users) health needs are met</b></p>	<p><b>Southend Primary Care Mental Health Team <a href="mailto:simone.longley@nhs.net">simone.longley@nhs.net</a></b></p> <ul style="list-style-type: none"> <li>Holistic approach to healthcare and recognise that physical health and emotional wellbeing, as well as social inclusion and support are all equally as important when considering a patient’s care needs. Collaboration with colleagues and partners in health and social care as well as the wider system, in order to meet the individual unmet needs identified during our initial assessment and subsequent contact with our patients and their families/carers.</li> <li>Avoiding ‘signposting’ to support services and actively complete any referrals that are agreed with the patient as part of their plan of care following our assessment. As part of our local agreed protocol, we always arrange to follow up patients after two weeks to ensure that referrals have been sent and to find out if contact has been made. Honest and open about waiting lists and we endeavour to find information, resources and other support that may be available whilst waiting for treatment.</li> </ul> <p><b>Brentwood &amp; Basildon Older Peoples Community Mental Health Team: <a href="mailto:pauline.chittenden@nhs.net">pauline.chittenden@nhs.net</a></b></p> <ul style="list-style-type: none"> <li>Holistic assessments conducted to tailor care plans to each service user’s mental and physical health needs.</li> <li>Multidisciplinary team approach ensures coordinated care, including psychiatry, psychology, nursing, and social work.</li> <li>Regular reviews and adjustments to care plans based on service user feedback and clinical progress.</li> <li>Weekly MDT and monitoring meetings support collaborative decision-making and ensure timely responses to changing health needs.</li> <li>Integrated approach to patient care ensures seamless coordination between mental health, physical health, and social care services.</li> </ul>	<p>1</p>	<p><b>Patient Experience</b></p> <p><b>Amy Poole: Patient Experience Manager</b></p>

Outcome	Evidence: Commissioned or Provided Services 2025	Rating	Owner (Dept/Lead)
<p><b>1C: When patients (service users) use the service, they are free from harm</b></p>	<p><b>Southend Primary Care Mental Health Team</b> <a href="mailto:simone.longley@nhs.net">simone.longley@nhs.net</a></p> <ul style="list-style-type: none"> <li>• Patient safety is at the heart of all that we do. To meet the needs of each patient we ensure that we have an ‘encyclopaedic’ knowledge of community services available in our area. We ensure that we consider any risks at every contact and give patients information about what to do if they should experience a deterioration in their mental health and require a crisis response. This information is also included in all messages that we send to patients via SystemOne. As well as crisis support information, we also regularly give patients information around helplines, charities and wellbeing services that can support them with their mental and physical health challenges, and our assessments look at social inclusion and support circles recognising that loneliness and social isolation can be a major risk factor that must be considered as part of a biopsychosocial assessment.</li> <li>• Should we identify any issues that may require a Safeguarding investigation, we make the appropriate onward referrals to the Children or Adult Safeguarding teams.</li> <li>• Following initial contact, we arrange at least one follow up contact to ‘check in’ with our patients. This ensures that they have remained safe and well, gives reassurance that we have listened to them and care about their wellbeing and gives us the opportunity to check that the relevant onward referrals have been completed and have been acknowledged by the receiving team or service.</li> </ul> <p><b>Brentwood &amp; Basildon Older Peoples Community Mental Health Team:</b> <a href="mailto:pauline.chittenden@nhs.net">pauline.chittenden@nhs.net</a></p> <ul style="list-style-type: none"> <li>• Risk assessments completed at initial contact and regularly reviewed.</li> <li>• Safeguarding protocols in place and actively followed.</li> <li>• Staff trained in de-escalation techniques and trauma-informed care.</li> <li>• Weekly monitoring meetings help track risk factors, incidents, and ensure proactive safeguarding measures.</li> </ul>	<p>2</p>	<p><b>Patient Experience</b></p> <p><b>Amy Poole: Patient Experience Manager</b></p>

Outcome	Evidence: Commissioned or Provided Services 2025	Rating	Owner (Dept/Lead)
<p><b>1D: Patients (service users) report positive experiences of the service</b></p>	<p><b>Southend Primary Care Mental Health Team</b> <a href="mailto:simone.longley@nhs.net">simone.longley@nhs.net</a></p> <ul style="list-style-type: none"> <li>The team uses I Want Great Care for patient feedback. We send a message out to every patient at the point of transfer back to the care of their GP.</li> <li>We receive around 20-30 patient feedback reports every month. Over the 5 years that the team has been working in primary care our average feedback rate has been 99.7% positive.</li> </ul> <p><b>Some feedback the team has received is included below:</b></p> <ul style="list-style-type: none"> <li><i>“This is the best experience I have had in relation to mental health support.”</i></li> <li><i>Friendly and compassionate making me feel like if I needed help, they were there for me.”</i></li> <li><i>“My appointment was exemplar, she was patient centred, kind, empathetic, active and had genuine listening skills. She gave me time and space to talk, responded appropriately, clearly, and reassuringly. My concerns, questions and queries were answered clearly &amp; concisely with a professional but human &amp; caring approach. Solutions &amp; next steps were discussed very clearly &amp; with my full understanding &amp; clarity of what I felt best for me.”</i></li> <li><i>“I spoke with a lovely lady who was very attentive at listening to my problems didn’t feel judged or rushed I gave 5 stars across the board because the service I received was of great satisfaction and I came away happy in the knowledge that I had been listened to and had a plan in to proceed forward with my mental health issues.”</i></li> <li><i>“The experience I had with this current episode of Mental Health I found to be far more comprehensive and supportive than any previous presentations I have made over the last 10-15 years. I felt listened to and validated and understood almost totally.”</i></li> <li><i>“I feel like something has been brought to light that is going to be potentially life changing. It is not the diagnosis I went in for and I’m just glad that someone was able to spot this as it has clearly been missed for the last 40 years. I’m really happy with the assessment outcome.”</i></li> <li><i>“Staff were kind, present and genuinely wanting to help me in whatever way she could. She went out of her way to speak to me probably more times than she should, and I will always be thankful of the kindness and support she has shown me.”</i></li> </ul> <p><b>Brentwood &amp; Basildon Older Peoples Community Mental Health Team:</b> <a href="mailto:pauline.chittenden@nhs.net">pauline.chittenden@nhs.net</a></p> <ul style="list-style-type: none"> <li>Service users report feeling listened to and respected during interactions.</li> <li>Feedback mechanisms in place, including feedback forms, to capture user experience.</li> <li>Continuous improvement driven by service user input and complaints resolution processes.</li> <li>Staff away days promote team cohesion, reflection, and service improvement, contributing to a more positive and responsive care environment.</li> </ul>	<p>2</p>	<p><b>Patient Experience</b></p> <p><b>Amy Poole: Patient Experience Manager</b></p>

Outcome	Evidence: Workforce health and Well-being 2025	Rating	Owner (Dept/Lead)
<p><b>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions</b></p>	<ul style="list-style-type: none"> <li>Wellbeing, health, and any current issues affecting staff members are incorporated into the staff appraisal and supervision processes to monitor and support employee health and wellbeing.</li> <li>Health and wellbeing training awareness sessions for line managers are integrated into the Management Development Programme and leadership development programme aiming to raise awareness, provide support, and offering essential resources.</li> <li>Reasonable Adjustments passport available for all staff in EPUT. Managers equipped with toolkit and resources to implement Access to Work requests or adjustments for staff with disabilities or long-term conditions, as well as supporting their wellbeing in the workplace.</li> <li>The Employee Assistance Programme (EAP), provided by our Occupational Health Provider PAM offers support related to health and wellbeing matters, guidance on workplace reasonable adjustments, debt management, legal issues, bereavement, and relationship concerns. This service is free, confidential, and available 24/7.</li> <li>Wellbeing initiatives, including live sessions facilitated by external trainers and recorded for later access, are available to all staff. These include activities such as Pilates, breath work therapy, yoga, and distance Reiki.</li> <li>The EPUT staff intranet hosts numerous health and wellbeing pages featuring links and resources related to physical activity, sleep, healthy eating, hydration, smoking cessation, substance misuse, resilience, mindfulness, financial wellbeing, and the Cycle-to-Work scheme.</li> <li>Equality, Diversity, and Inclusion (EDI) resources are accessible to support staff on the autism spectrum and those with neurodiversity, providing guidance for supporting individuals with dyslexia, ADHD, and other long-term conditions that may impact health within the workplace.</li> <li>We have seen a reduction in our “<i>We are Safe and Healthy</i>” score on the NHS Staff Survey, from 6.44 to 6.30 out of 10. This is also slightly lower than the national average (6.40).</li> </ul>	<p>1.8</p>	<p><b>OD and Culture</b></p> <p><b>Equality Advisor:</b> <b>Gary Brisco</b></p>

Outcome	Evidence: Workforce health and Well-being 2025	Rating	Owner (Dept/Lead)
<p><b>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</b></p>	<ul style="list-style-type: none"> <li>• EPUT is an Anti-Racist Trust and regularly confirms this through our communications, discriminatory behaviour from patients will be challenged and is not condoned within the organisation.</li> <li>• Induction updated to include active bystander training, empowering our staff to call out, report and challenge inappropriate behaviour from patients and staff.</li> <li>• Equality Advisor can provide guidance and signposting to third party support organisations (such as <a href="#">Switchboard LGBT+</a>, <a href="#">EASS</a> and <a href="#">Stop Hate UK</a>) Employee Relations or Patient Experience if staff members raise concerns of discriminatory behaviour in their teams (or if they would like help in improving the inclusion in their services).</li> <li>• EPUT has implemented the Unprofessional Behaviours and Sexual Safety Program for all staff. This program enables staff to discuss unprofessional behaviours within the workplace, reflect on their own conduct, and provides an essential tool for managing difficult and challenging behaviours. Embedding this program contributes to fostering a more positive workplace culture.</li> <li>• Sexual Misconduct can be anonymously reported via our 24hr Sexual Safety crisis line, which will be reported to the Care Unit Director and actioned.</li> <li>• EPUT Staff Engagement Champions in the organisation trained to challenge bullying and harassment behaviours as well as share lived experiences with our Staff Engagement Team and Employee Experience Managers.</li> <li>• Partnerships with <a href="#">Next Chapter</a>, supporting our Safeguarding team and providing resources and seminars for patients, carers or staff members experiencing domestic abuse and stalking.</li> <li>• “Discrimination is not part of my job” and “No Space for Abuse” campaigns launched in the Trust, giving staff clear guidance on how to report discriminatory behaviour and clear messaging that this is not acceptable to patients and members of the public accessing our services.</li> <li>• Those who report discrimination via DATIX are directly contacted by the Equality Advisor, offering support and guidance. They are also promised a debriefing session by their manager where they can discuss their wellbeing and how to prevent this happening in future.</li> <li>• A decrease in our NHS Staff Survey scores for “In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?” (9.68% - 9.27%), but this is still above the national average (9.27%).</li> <li>• An increase in our NHS Staff Survey scores for “<i>In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?</i>” (8.23% - 9.68%), and this is still above the national average (7.63%).</li> </ul>	<p><b>1.5</b></p>	<p><b>OD and Culture</b></p> <p><b>Equality Advisor: Gary Brisco</b></p>

Outcome	Evidence: Commissioned or Provided services 2025	Rating	Owner (Dept/Lead)
<p><b>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</b></p>	<ul style="list-style-type: none"> <li>• The Health and Wellbeing Toolkit, accessible to all staff, aligns with NHS England’s Health and Wellbeing Framework and provides guidance on physical, financial, and mental wellbeing. Topics include addiction, work-life balance, and flexible working arrangements.</li> <li>• Signposting to external organisations available from Equality Advisor, Employee Experience and Staff Engagement Teams when engaging with staff and resolving issues or providing support.</li> <li>• EPUT provides support for carers within the Trust. The Carer's Lounge offers resources, peer support, and a confidential environment for staff and patient carers.</li> <li>• EPUT launched the Neuroinclusive Café, establishing a safe environment for staff to network and share lived experience. Resources, support, and guidance for individuals with neurodiverse conditions available.</li> <li>• “Here for You” psychological support service for staff. The service is flexible and person-centred, successfully addressing the needs of staff. It provides confidential counselling and guidance.</li> <li>• Intranet</li> <li>• EPUT is working collaboratively with Mid and South Essex ICB on staff health and wellbeing initiatives. This collaboration ensures that EPUT maintains high standards, provides well-led services, and adheres to best practices.</li> <li>• Access-to-Work support available to individuals with depression, anxiety, stress, and/or other mental health conditions. With trained professionals able to support employees in resuming their role.</li> </ul>	<p><b>1.5</b></p>	<p><b>OD and Culture</b></p> <p><b>Equality Advisor: Gary Brisco</b></p>

Outcome	Evidence: Workforce health and Well-being 2025	Rating	Owner (Dept/Lead)
<p><b>2D: Staff recommend the organisation as a place to work and receive treatment</b></p>	<ul style="list-style-type: none"> <li>• Associate Health Practitioners engaged to collect feedback alongside Chief AHP to improve conditions for flexible working, retention, and intake. Program modified to add improvements to work-life balance and on-boarding process.</li> <li>• Health Care Assistant academy aimed at HCA staff members, introducing a buddy scheme to improve on-boarding / mentoring of new intake. Developed and delivered in collaboration with the recruitment team. Ongoing check-ins after 30, 60 and 90 days to gauge wellbeing.</li> <li>• Deep dive into work-life balance of employees conducted by Retention Lead and People Promise Manager based on Staff Survey and focus grouping staff. Flexible working promoted across the Trust to raise staff awareness and increase uptake.</li> <li>• New starters surveyed after one-month, also called by Retention Lead to gauge their on-boarding and identify issues working in the Trust.</li> <li>• Funding sourced by Employee Experience managers to improve staff areas across Trust, providing better quality spaces for staff. One of which is at Trust Head office (The Lodge).</li> <li>• EPUT's "We are Recognised and Rewarded" score under the NHS People Promise is currently 6.31 out of 10, which is below the national average (6.35 out of 10).</li> <li>• We have seen a decrease in our NHS Staff Survey scores for "I would recommend the organisation as a place to work" (64.47% - 60.92%), which is below the national average (65.21%).</li> <li>• We have seen a decrease in our NHS Staff Survey scores for "I would recommend the organisation as a place to receive treatment" (60.20% - 57.00%) which is lower than the national average (64.84%)</li> <li>• Our NHS People Promise score for Morale has reduced from 6.29 to 6.13 out of 10 and is now lower than the national average (6.20 out of 10).</li> <li>• Our NHS People Promise score for "Negative Experiences" has reduced from 7.95 to 7.87 out of 10 and is now lower than the national average (7.98 out of 10).</li> </ul>	<p><b>0.9</b></p>	<p><b>OD and Culture</b></p> <p><b>Equality Advisor: Gary Brisco</b></p>

Outcome	Evidence: Inclusive Leadership 2025	Rating	Owner (Dept/Lead)
<p><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</b></p>	<ul style="list-style-type: none"> <li>• Staff Networks have sponsors from the Executive Team, as well as additional support from members of the Employee Experience Team and Equality Advisor.</li> <li>• Senior Leaders regularly attend EPUT Staff Networks and events in Network Calendars, such as Black History Month, Pride Month and other cultural or spiritual events across the organisation. Chief People Officer and Director of People and Culture have attended where available. Chief Executive Officer currently acting as sponsor for Ethnic Minority and Race Equality Network.</li> <li>• Unprofessional Behaviour training with the wider leadership team, alongside colleagues with lived experience and GMC/NMC to identify where discriminatory, micro-aggressive or unprofessional behaviours need calling out. The introduction to the 'Step-Up and Check-In' model which is aligned to the Vanderbilt model has been piloted across Specialist Services and an impact analysis will be completed in December.</li> <li>• People Committee (PECC) comprised of VSM Directors and Non-Executive Directors for assurance and review, yearly discussions of WRES, WDES, EDS, PCREF and PSED data.</li> <li>• Re-commitment to the Anti-Racist charter, which was signed by the CPO, working alongside colleagues from staff-side. This has been distributed across the wards/services to ensure parity with other EDI initiatives including sexual safety.</li> <li>• We have commissioned a Trust-wide culture review with 'brap' and 'The Kings Fund', that commenced in September and has a focus on race, inclusion, and professional behaviours. This will lead to a series of interventions with the Senior Leadership Team to ensure that a trauma informed approach to leadership, which includes how racism and discrimination affect the lives of the workforce.</li> <li>• These leadership interventions will include graduates from our award-winning RISE programme that is sponsored by our Executive Chief People Officer and delivered by our OD team alongside external consultants including Dr. Joan Myers. Whilst the RISE programme is for colleagues from Bands 2 to 8b and has now become an ICS endeavour, the King's Fund will be supporting at least 20% BME staff into the future senior leadership programmes.</li> <li>• Furthermore, a set of quarterly leadership development forums are being established for Senior Leaders which will include issues of why inclusion is relevant and creating psychologically safe workplaces, underpinned by trauma-informed and compassionate leadership.</li> <li>• Our Executive Team and senior leadership group receive an EDI update each month which includes updates or decisions that need to be made. At the October submission, the EDI delivery plan was</li> </ul>	<p>1</p>	<p><b>Exec Team</b></p> <p><b>Director of OD and Culture: Paul Taylor</b></p>

Outcome	Evidence: Inclusive Leadership 2025	Rating	Owner (Dept/Lead)
	<p>approved and includes the delivery of reciprocal mentoring, cultural awareness training and increasing the relevance and purpose of the EMREN staff network.</p>		
<p><b>3B: Board &amp; Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</b></p>	<ul style="list-style-type: none"> <li>• Our Executive Team and senior leadership group receive an EDI update each month which includes proposals for improvement or decisions that need to be made.</li> <li>• Equality, Diversity and Inclusion for staff and service users (as well as the measures above) discussed at each Trust Public Board and evidenced in all sets of minutes. Board members and non-executive directors are able to challenge and request additional data (for example, a deep dive into career progression and development for BME staff in Q1 2024).</li> <li>• Equality and Inclusion part of People Committee agenda.</li> <li>• Board Assurance Framework (BAF) contains section on People and Culture, addressing EDI concerns (for example bullying highlighted on the WRES) and steps being taken to mitigate these as well as controls, measures, and outcomes. Director of OD and Culture updated BAF on a regular basis.</li> <li>• EDI delivery plan was approved and includes the delivery of reciprocal mentoring, cultural awareness training and increasing the relevance and purpose of Staff Networks.</li> <li>• New governance for People and Culture has been established to ensure that there is a dedicated space for staff networks and operational and corporate leads to discuss the key EDI objectives/delivery that have been agreed with the Executive Team. This sub-group will report into the Chief People Officer group and have a direct link to the Executive Team for operational oversight and decision-making and the People Committee for assurance.</li> <li>• WRES, WDES, EDS2022, PCREF, Pay Gap and PSED reporting are part of overarching People and Education strategy (2024-2028)             <ul style="list-style-type: none"> <li>○ WDES and WRES targets set, with the goal of improvement towards this each year.</li> <li>○ Yearly WDES and WRES progress (completed actions, improvements) are listed to board and are used to develop approaches and priorities for the ongoing action plan.</li> </ul> </li> </ul>	<p>1</p>	<p><b>Exec Team</b></p> <p><b>Director of OD and Culture: Paul Taylor</b></p>

Outcome	Evidence: Inclusive Leadership 2025	Rating	Owner (Dept/Lead)
<p><b>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</b></p>	<ul style="list-style-type: none"> <li>• In October, People Committee members met with the EMREN chair and other senior HR representatives to discuss the key outlier areas of the WRES (2024) report and compared this with data from the first six months of 2025.                             <ul style="list-style-type: none"> <li>○ One indicator that was highlighted as an outlier was WRES indicator 3 which identified that BME colleagues are 3.5 times more likely to go through formal disciplinary matters vs. white counterparts.</li> <li>○ However, through the implementation of the Conduct Concerns Panel (CCP) which has an equality advisor on the panel, there has been a reduction in BME colleagues going through formal disciplinary processes from 3.5 (2024) to 1.5 (first six months of 2025).</li> <li>○ This highlights how reformed HR policy, training and process have positively impacted on BME staff.</li> </ul> </li> <li>• Pay Gap reporting broken down by Race information in line with NHS Improvement Plan. With plans to incorporate disability and other protected characteristics in the near future.</li> <li>• Breakdown of Occupational Health access available, this data (appointments, access time, health surveillance, vaccinations, service usage) used to drive initiatives and identify hot-spot areas.</li> <li>• NHS EDI Improvement Plan High Impact Actions are aligned to the EPUT People and Education Strategy. A programme of delivery has been developed to ensure that activity is monitored and delivered on time.</li> <li>• Executive Director Sponsors have joined Staff Equality Networks, providing support to Network Chairs and acting as champion for the Network.</li> </ul>	<p><b>1</b></p>	<p><b>Exec Team</b></p> <p><b>Director of OD and Culture: Paul Taylor</b></p>

**Third-party involvement in Domain 3 rating and review**

**Trade Union Rep(s):**  
**Oladipo Ogdenbe** (Trade Union / Staffside Rep)

**Independent Evaluator(s)/Peer Reviewer(s):**  
**Arleen Brown** (EDI Manager, Princess Alexandra Hospital)

<b>Total Rating: Commissioned and Provided Services</b>	<b>6 / 12</b>
<b>Total Rating: Workforce Health and Wellbeing</b>	<b>5.7 / 12</b>
<b>Total Rating: Inclusive Leadership</b>	<b>3 / 9</b>
<b>EDS Organisation Rating (overall rating):</b>	<b>14.7 / 33</b> <b>Developing</b>
<b>Organisation name(s): Essex Partnership University NHS Foundation Trust (EPUT)</b>	
<p>Those who score <b>under 8</b>, adding all outcome scores in all domains, are rated <b>Undeveloped</b>.</p> <p>Those who score <b>between 8 and 21</b>, adding all outcome scores in all domains, are rated <b>Developing</b>.</p> <p>Those who score <b>between 22 and 32</b>, adding all outcome scores in all domains, are rated <b>Achieving</b>.</p> <p>Those who score <b>33</b>, adding all outcome scores in all domains, are rated <b>Excelling</b></p>	

# 2026-2027 EDS ACTION PLAN

**EDS Action Plan 2026 - 27**

<b>EDS Lead</b>	<b>Year(s) active</b>
Gary Brisco – Equality Advisor	2019 - Present
<b>EDS Sponsor</b>	<b>Authorisation date</b>
Andrew McMenemy	March 2026

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Create standardised reporting templates within the new UEPR system to capture how services accommodate patients with protected characteristics or those at risk of health inequalities, ensuring consistent evidence collection across teams.	<ul style="list-style-type: none"> <li>• Agree a minimum core dataset for protected characteristics and inequality risk (aligned to Equality Act and NHS standards)</li> <li>• Co-design templates for core data set</li> <li>• Ensure IT configure templates within the new UEPR system.</li> <li>• Establish monthly data quality monitoring to track completeness and consistency through Reducing health inequalities committee.</li> </ul>	<b>Q4 2026/27</b>
	1B: Individual patients (service users) health needs are met	Co-Produce Improvements to Access for Individuals with Protected Characteristics; Work with VCSE partners, including the SET MH PPG, to co-design targeted actions that address access barriers	<ul style="list-style-type: none"> <li>• Identify priority protected characteristic groups using iWGC data, PALS, and complaints.</li> <li>• Identify and engage VCSE and community partners with lived-experience expertise from these groups.</li> <li>• Gather evidence on access to barriers i.e. referral thresholds, language, or faith-related barriers.</li> <li>• Co-design possible solutions and trial in pilot number of services.</li> </ul>	<b>Q4 2026/27</b>

		faced by people with protected characteristics.		
	1C: When patients (service users) use the service, they are free from harm	Expand the safety dashboard to ensure equality-related factors are systematically flagged within incident and near-miss reporting.	<ul style="list-style-type: none"> <li>• Define equality related factors i.e. protected characteristic, reasonable adjustment status.</li> <li>• Specify dashboard flags i.e. filters, flags.</li> <li>• Ensure IT configure factors with dashboard and establish procedure for use.</li> <li>• Consider factors when examining incidents</li> </ul>	<b>Q4 2026/27</b>
	1D: Patients (service users) report positive experiences of the service	Enhance Protected Characteristic Recording Within iWGC:	<ul style="list-style-type: none"> <li>• Establish updated ethnicity coding so reports and dashboards align with national standards.</li> <li>• Draft internal guidance on why demographic data matters and how to reduce "other" use.</li> <li>• Map reduction in "other" usage"</li> </ul>	<b>Jan 2027</b>

Domain	Outcome	Objective	Actions	Completion date
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Domain 2: Workforce health and well-being</b></p>	<p><b>2A:</b> When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions</p>	<p>Evidence the use of staff data in making decisions to improve the health and wellbeing of EPUT staff.</p> <p>Provide Health and Wellbeing initiatives and opportunities in the Trust and evidence uptake.</p>	<ul style="list-style-type: none"> <li>• Employee Relations Team to review and analyse sickness and absence data to identify trends and disproportionately affected groups (for example, BME or Disabled Staff, Working Carers.)</li> <li>• Wellbeing Lead to promote health and wellbeing offer of EPUT Allstars platform and monitor usage of staff accessing VCSE to evidence successful implementation.</li> <li>• Wellbeing Lead to monitor staff use of the Champion Health Portal and App from PAM, as well as staff usage to evidence successful implementation.</li> <li>• Wellbeing Lead to strengthen reporting of occupational health data within the People and Culture Directorate and Care Unit Leads.</li> <li>• Collaborate with system partners to deliver a broader range of health and wellness sessions, specific to the needs staff report.</li> <li>• Increase the number of physical activity initiatives, encouraging an active and healthy workplace culture.</li> </ul>	<p><b>Q3 2026</b></p>

Domain	Outcome	Objective	Actions	Completion date
	<p><b>2B:</b> When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>Raise awareness of support available for staff who experience anti-social behaviour, discrimination, or sexual misconduct, highlighting what consequences there are for patients and staff.</p> <p>Support staff in reporting and refusing treatment to patients who verbally or physically abuse them and improve interventions taken by the Trust in supporting their wellbeing.</p> <p>Ensure that staff are trained and supported in both challenging and reporting anti-social behaviour of any kind and understand the support available for those affected.</p>	<ul style="list-style-type: none"> <li>• OD and Culture Function to review existing process for staff affected by anti-social behaviour through focus grouping of staff who have reported this via DATIX, this should gauge the efficacy of current interventions and support.</li> <li>• OD and Culture Team with Care Unit Leads to develop SOP for staff to refuse treatment and disengage when treated in an anti-social manner. This should also address how this will be challenged and managed by the MDT when this is not a feasible option.</li> <li>• Head of OD to roll out the unprofessional behaviours and sexual safety programme across the organisation, embedding the check-in and step up models.</li> <li>• Head of Staff Experience to update EPUT behavioural framework. Setting expectations for compassionate, accountable leadership. This framework will be embedded in recruitment, appraisal, and development processes to ensure consistency and accountability.</li> </ul>	<p><b>Q3 2026</b></p>

Domain	Outcome	Objective	Actions	Completion date
	<p><b>2C:</b> Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<p>Develop Staffside and Staff Networks to ensure they can provide impartial support to those affected.</p> <p>Use lived experience by engaging those affected when creating and developing interventions.</p> <p>OD and Culture Team to work with the VAPR team to ensure that messaging of support to staff is clear and unambiguous.</p>	<ul style="list-style-type: none"> <li>• Staffside Chair to review potential of pooling union representatives with partner providers to ensure impartial representatives.</li> <li>• OD and Culture / Board ensure that staff Networks are led by elected volunteers, are funded and provided with protected time and administrative support, improving their ability to support staff affected by anti-social behaviour or stress.</li> <li>• VAPR Team to monitor current data and develop interventions for anti-social behaviour of any kind with support from Culture and OD Directorate. Staff Engagement Lead should utilise lived experience from incidents in the Trust to guide and develop these interventions within our services.</li> <li>• Communications team to work alongside ACT for You program in Trust, promoting this wider to empower staff from all backgrounds and profession groups to access supportive psychological techniques and build upon their resilience.</li> <li>• OD and Culture Team to embed trauma-informed principles across our organisation, ensuring leaders and managers understand the impact of trauma on staff and patients. This approach will shape how we support colleagues, resolve conflict, and create psychologically safe environments.</li> </ul>	<p><b>Q3 2026</b></p>

Domain	Outcome	Objective	Actions	Completion date
	<p><b>2D:</b> Staff recommend the organisation as a place to work and receive treatment</p>	<p>Improve the 2026 NHS Staff Survey scores for staff recommending the organisation as a place to work and for treatment.</p> <p>Empower staff to provide feedback in multiple forms and use this feedback to drive tangible and recognisable changes.</p>	<ul style="list-style-type: none"> <li>• Monitor the experiences of BME, LGBTQ+ and Disabled Staff against other staff members, working with relevant VCSE and Staff Networks to review this data and develop improvements on a regular basis.</li> <li>• OD team to strengthen induction and onboarding processes to ensure new staff feel welcomed, supported, and connected to our values from day one. This will include early career pathway discussions, embed our culture and behaviours, and ensure a positive first impression that supports long-term retention.</li> <li>• OD and Culture Team to expand flexible working options to meet the diverse needs of our workforce. This includes improved rostering systems, flexible shift patterns, self-rostering, clarity on hybrid working arrangements, and opportunities for protected secondments, career breaks, and sabbaticals.</li> <li>• OD and Culture Team will strengthen staff voice by creating more opportunities for open dialogue, co-production, and feedback. This includes regular engagement forums, improved visibility of leaders, and acting on staff survey results to demonstrate that staff views drive real change.</li> </ul>	<p><b>Q3 2026</b></p>

Domain	Outcome	Objective	Action	Completion date
<b>Domain 3: Inclusive leadership</b>	<b>3A:</b> 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>Board to demonstrate and evidence active participation in equality and wellbeing within the Trust.</p> <p>Strengthen Staff Networks and improve participation and collaboration of Senior Sponsors.</p> <p>Data is clearly communicated to Trust Board and evidence of analysis and interventions developed at this level are promoted to workforce.</p>	<ul style="list-style-type: none"> <li>• Ensure Equality and Health Inequalities continue to be standing items in all Board and Committee meetings.</li> <li>• Trust Board to identify and allocate additional Senior sponsors for each Network, evidencing that they are working in collaboration to identify issues faced by the group they represent and championing the goals of the Network.</li> <li>• Senior Sponsors with support from the OD and Culture Function to produce annual impact statements that detail actions taken, issues escalated and tangible outcomes achieved. This progress should be reported monthly at the Executive Operational Committee.</li> <li>• OD and Culture / Board ensure that staff Networks are led by elected volunteers, are funded and provided with protected time and administrative support, improving their ability to support staff affected by anti-social behaviour or stress.</li> <li>• Embed WRES, WDES, PSED and EDS data into Board and People Committee development sessions, ensuring leaders understand disparities faced by marginalised communities in recruitment, bullying, and progression.</li> <li>• All line managers to complete mandatory training on inclusive recruitment and capability processes, with performance monitored via appraisal.</li> <li>• All line managers to have a specific EDI related or health inequality objective within their appraisal (beyond mandatory training, capability processes).</li> <li>• Board-requested deep-dives (such as BME career progression in 2025) lead to time-limited improvement plans, with progress reports shared with the Public Board and People Committee to demonstrate ongoing oversight.</li> </ul>	<b>Q3 2026</b>

<p><b>3B:</b> Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<p>Show clear evidence as an organisation that equality and health Inequalities are discussed, with clear interventions undertaken at Board / Committee level when issues are identified.</p> <p>Work collaboratively with other teams to present staff wellbeing data to Executive Operational Team, ensuring they can understand current EDI and Health Inequalities issues within the organisation.</p>	<ul style="list-style-type: none"> <li>• OD and Culture Team to ensure that Equality Impact Assessments to be widened to gauge impact of health inequalities within the organisation and will be a mandatory requirement for projects and significant changes within the Trust. EIAs should be reviewed at a senior level before approval.</li> <li>• Risks identified at Board must be explicitly documented, with mitigation plans.</li> <li>• Strategic Risks include relevant equality and health inequality risks so that they can be addressed and monitored by the Executive Team and Board.</li> <li>• Trust Board should communicate WRES, WDES, LGBTQ+ (based on action 2D) data and interventions with Staff Networks to the wider Trust on a regular basis to raise awareness and evidence commitment.</li> <li>• Trust Board to ensure that equality and health inequalities are reflected in Trust strategies and organisational business plans.</li> </ul>	<p><b>Q3 2026</b></p>
<p><b>3C:</b> 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 representation in upper levels of the organisation in comparison with wider Trust.</p> <p>Evidence action taken to improve areas of decline or poor performance in equality and health inequality actions.</p>	<ul style="list-style-type: none"> <li>• Board and Senior Leads continue to review implementation and impact of WRES, WDES, GPG and EDS actions, as well as internal delivery plans. With evidence of interventions taken by the organisation when there is not year-on-year improvement.</li> <li>• Introduce culture dashboards disaggregating workforce and patient experience data by ethnicity and disability.</li> <li>• Patient feedback forums to include diverse voices, with equality themes reported to the Board.</li> <li>• Publish annual WRES/WDES progress reports with clear accountability for delivery against agreed EDI objectives.</li> </ul>	<p><b>Q3 2026</b></p>

Appendix B – Grading and feedback from stakeholders.

Outcome		2022	2023	2024 EDS Grading	2025 EDS Grading
Domain 1	1A: Patients (service users) have required levels of access to the service.	D	A	Achieving (2.4)	Developing (1)
	1B: Individual patients (service users) health needs are met.	A	A	Achieving (2.4)	Developing (1)
	1C: When patients (service users) use the service, they are free from harm.	A	A	Achieving (2.4)	Achieving (2)
	1D: Patients (service users) report positive experiences of the service.	A	A	Achieving (2.4)	Achieving (2)
Domain 2	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions.	A	A	Developing (1.4)	Developing (1.8)
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source.	A	A	Developing (1.3)	Developing (1.5)
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source.	A	A	Achieving (2)	Developing (1.5)
	2D: Staff recommend the organisation as a place to work and receive treatment.	A	A	Developing (1.1)	Underdeveloped (0.9)
Domain 3	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.	D	A	Achieving (2)	Developing (1)
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.	U	A	Developing (1.5)	Developing (1)
	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.	U	A	Developing (1.5)	Developing (1)
<b>Overall Grade</b>		D	A	Developing (20.21)	Developing (14.7)
<b>Each Domain:</b> Undeveloped (Score 0) Developing (Score 1) Achieving (Score 2) Excelling (Score 3)			<b>Overall</b> Score under 8: <b>Undeveloped</b> Score between 8 and 21: <b>Developing</b> Score between 22 and 32, <b>Achieving</b> . Score of 33: <b>Excelling</b>		

**Domain One: Commissioned or Provided Services.**

Data collected via anonymous online survey, all grades collected and averaged by number of participants (five anonymous lived experience stakeholders).

Average grade of Lived Experience Experts	
1A	Developing (1)
1B	Developing (1)
1C	Achieving (2)
1D	Achieving (2)

**Domain One – EPUT Service User feedback (Via “I want great care”):**

- *“My appointment was exemplar, she was patient centred, kind, empathetic, active and had genuine listening skills.”*
- *“This is the best experience I have had in relation to mental health support; I received Friendly and compassionate making me feel like if I needed help, they were there for me.”*
- *“The experience I had with this current episode of Mental Health I found to be far more comprehensive and supportive than any previous presentations I have made over the last 10-15 years.”*
- *“[staff member] was the light at the end of a very dark tunnel for me. She was kind, present and genuinely wanting to help me in whatever way she could.”*

**Domain Two: Workforce Health and Wellbeing**

Data collected via anonymous online survey, all grades collected and averaged by number of participants (33 anonymous staff volunteer stakeholders).

Average grade of EPUT Staff Stakeholders	
2A	Developing (1.8)
2B	Developing (1.5)
2C	Developing (1.5)
2D	Underdeveloped (0.9)

- 48% of participants were Black, Asian or from a Minority Ethnicity Group.
- 43% of participants were in the 30 – 40 age range, the largest cohort.
- 18% stated that they had a disability, long term condition, or neurodiversity.
- 67% of participants stated they were female, with 9% stating a non-cisgender identity.
- 85% identified as Heterosexual.
- The most common faiths listed were “No Religion” (27%), Christian (30%) and Atheism / Humanism (15%).

**Domain Two – EPUT Staff Stakeholder feedback:**

- *“Well done Lorraine and Gary for all your hard work. Thank you and God Bless.”*
- *“Work-life balance is supported through flexible shift patterns, but the Trust keeps making the team smaller which makes the job more stressful.”*
- *“Staff must find many of these interventions themselves, with little support or signposting from their manager.”*
- *“Staff at Wickford Lodge kept giving me funny looks when I wear Niqab.”*
- *“No support for Racist Abuse” and “We need more Black managers in EPUT, we need people who understand racism.”*
- *“LGBTIAQ+ staff never mentioned at all except Pride, more needs to be done for non-cis het staff.” and “The Trust has done nothing to support transgender or non-binary people as the government takes rights away from us, we are just ignored.”*

**Domain Three: Inclusive Leadership**

Data collected by liaison with Equality Advisor from two independent adjudicators:

	Arleen Brown EDI Lead for H&WE ICB	Oladipo Ogdenbe Staffside Chair / EPUT Unison Representative	Average Grade
3A	Developing (1)	Developing (1)	Developing (1)
3B	Developing (1)	Developing (1)	Developing (1)
3C	Developing (1)	Developing (1)	Developing (1)

**Domain Three – Independent Adjudicator / Trade Union Representative feedback**

**Arleen Brown EDI Lead for H&WE ICB**

- EPUT lacks evidence of sufficient activity on Health Inequalities for staff at Board Level. EPUT should evidence a strategic approach, through the EDI Delivery Plan.
- EDI should be a standard agenda item at all Board and Committee meetings.
- Equality Impact Assessment template for 2025 may improve completion with monitoring and clear sign-off procedures on completion. Ongoing EIA process should also ensure that they are able to assess health inequalities for all projects and policies.
- Board papers lack evidence of discussion or reaction to Equality Impact Assessments completed within EPUT,
- Minimal sign of Accessible Information Standard and Patient Carer and Race Equality Framework at Board Level.

**Oladipo Ogdenbe, Staffside Chair / EPUT Unison Representative**

- Outputs from the Brap and King’s Fund culture review are turned into mandatory leadership interventions, supervision frameworks, and decision-making tools, especially focusing on trauma-informed, anti-racist, and compassionate leadership behaviours.
- The organisation can go beyond simply having senior leaders attend Staff Network events by requiring Executive Sponsors to produce annual impact statements that detail actions taken, issues escalated, outcomes achieved, and changes made as a result of network engagement.
- Establish formal progression pathways for under-represented staff by linking RISE, Queen’s Fund programmes, and quarterly senior leadership forums to succession planning, acting-up opportunities, and senior vacancies, ensuring measurable improvements in diversity at Bands 8c+ and VSM levels.
- Formalising a process where Board-requested deep dives (e.g., BME career progression) lead to time-limited improvement plans, with progress reports shared with the Public Board and People Committee to demonstrate ongoing oversight.
- To use the new People and Culture sub-group to collaboratively develop priorities with Staff Networks, assess whether interventions (e.g. reciprocal mentoring, cultural awareness training) are effective, and escalate obstacles promptly to the Executive Team for decisions.
- Ensure that WRES, WDES, PCREF, and Pay Gap targets from the People and Education Strategy are communicated to Divisions and Services, with local ownership, dashboards, and accountability for delivery at the senior management level.
- Strengthen the Conduct Concerns Panel approach by expanding early resolution, mediation, and informal support pathways to ensure concerns are addressed fairly and consistently before escalation to formal disciplinary procedures.
- Extend Pay Gap and workforce analysis beyond race to include disability, gender identity, age, and other protected characteristics, using the data to identify intersectional inequalities and inform targeted interventions.
- Provide targeted training and ongoing support for managers on fair decision-making, unconscious bias, and inclusive people management, with disciplinary and grievance data linked to managerial performance reviews.

- Proactively analyse Occupational Health access and usage data to identify workforce health inequalities, inform early interventions, and tailor wellbeing initiatives in services or groups showing higher need.
- Move the sponsorship of Staff Equality Networks by Executive Directors beyond advocacy, requiring clear objectives, action plans, and outcome reporting to demonstrate how sponsorship directly enhances staff experience and reduces inequalities.