NHS
Hertfordshire
Partnership University
NHS Foundation Trust

Equality Delivery System 2024

HERTFORDSHIRE PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

as One

Our Values
Welcoming Kind Positive Respectful Professional

Equality Delivery System 2024

1. Introduction

Addressing inequalities for service users and staff is fundamental to everything that we do at HPFT. Our five-year Great Together Strategy places emphasis on removing inequalities and achieving equity for service users, carers and staff.

The NHS Equality Delivery System (EDS) is one of the improvement tools and mechanisms which will support this approach. All NHS trusts are required to complete and publish a grading review using EDS, and this report sets out the findings of the review completed for 2024.

The report shows an overall rating for 2024 for HPFT as "**Achieving**", with a score of **22** against a maximum of 33. The actions outlined at the end of this report show how further improvements will be made towards a rating of "Excelling".

2. Background

Implementation of the Equality Delivery System (EDS) is a requirement for both NHS commissioners and NHS providers. The EDS is an improvement tool for patients, staff, and leaders of the NHS. It is intended to support organisations to review and develop their approach in addressing health inequalities through three domains which cover services, workforce, and leadership. It is driven by data, evidence, engagement, and insight.

In 2022/23 the EDS assessment framework was refined nationally to be a more robust assessment method, aligned with the evolving NHS landscape as well as with the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and NHS People Plan. Subsequently, the EDS2022 framework became comprised of 11 specific outcomes that are grouped across the following three domains:

Domain 1: Commissioned or Provided Services	Focuses on service user access and experience, reducing inequalities and enabling better health outcomes
Domain 2: Workforce Health and Wellbeing	Focuses on ensuring that all staff in the workforce are fully supported in relation to health and wellbeing
Domain 3: Inclusive Leadership	Explores how leadership demonstrates commitment to equality and how it identifies equality issues and manages them

Each of the domains have set outcomes that must be evaluated and scored against set criteria using available evidence. These ratings provide assurance and/or provide direction for further improvement. The outcomes are scored from 0 – 3 and added together to reach an overall rating.

3. EDS 2024 Summary for HPFT

Appendix 1 sets out the evidence, scoring and overall rating for our 2024 EDS assessment. In summary:

i) Domain 1 - Commissioned and Provided Services

This domain for this iteration of the EDS is rated only on a selection of services, rather than across all services provided. There are four outcomes, all scored out of 3:

Outcome	Score
Patients (service users) have required levels of access to the service	2
Individual patients (service users) health needs are met	2
When patients (service users) use the service, they are free from harm	2
Patients (service users) report positive experiences of the service	2
Overall score	**8**

ii) Domain 2: Workforce Health and Wellbeing

This domain covers four elements, each scored out of 3:

Outcome	Score
When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	2
When at work, staff are free from abuse, harassment, bullying and physical violence from any source	2
Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	2
Staff recommend the organisation as a place to work and receive treatment	2
Overall score	**8**

iii) Domain 3: Inclusive Leadership

Domain 3 has three elements, scored out of 3:

Outcome	Score
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	2
Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	2
Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	2
Overall score	**6**

Domain three has been peer-reviewed by Essex Partnership University NHS Foundation Trust, who rated the Trust as Achieving (2) for all outcomes**.**

4. Conclusion

After combining scores across all three domains and referring to the rating requirements, the Trust's overall rating is "**Achieving**", with a score of **22** against a maximum of 33.

5. Next Steps and Recommendations

The actions outlined in our 2024 EDS action plan will be implemented over 2025/26, alongside continued implementation of our wider Belonging and Inclusion strategy and implementation action plans (including our WRES, WDES and Gender Pay Gap action plans). The Board will receive regular progress reports on this as well as a range of other reports on specific aspects of equality and diversity.

Appendix 1. Evidence, scoring and overall EDS rating.

NHS Equality Delivery System (EDS)

Name of Organisation	**Hertfordshire Partnership University NHS Foundation Trust**	**Organisation Board Sponsor/Lead**
Name of Integrated Care System	Hertfordshire and West Essex	Jo Humphries, Chief People Officer

EDS Lead	Daniel Oyayoyi, Strategy Development Manager Leah Bailey, Belonging and Inclusion Manager	**At what level has this been completed?** ***List organisations**	
EDS engagement date(s)	Domain 1: 23rd January 2025 Domains 2 & 3: 16th 17th and 20th January 2025	**Individual organisation**	Hertfordshire Partnership University NHS Foundation Trust

Date completed	24/01/25	**Month and year published**	March 2025
Date authorised	27/02/25 (approved by Board)	**Revision date**	

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

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	In 2024/25, HPFT has actively worked to enhance service access for our service users. Throughout this time, we have implemented the following actions: • **Gender Identity Policy –** We commissioned research to gain deeper insights into the mental health challenges faced by LGBTQ+ communities in Hertfordshire. Based on the findings, we developed a comprehensive policy aimed at improving access to services for LGBTQ+ individuals. To build on this work, we are currently developing guidelines for inpatient services to ensure they provide inclusive and respectful care. These guidelines will address staff training, tailored support, and creating a safe and welcoming environment for LGBTQ+ service users. • **Equality Impact Assessment Policy –** As we embark on transformational changes across our services, we have developed an Equality Impact Assessment (EQIA) policy and procedure to ensure that due consideration is given to the needs of all individuals and communities. This policy aims to identify and address potential inequalities, ensuring that our changes promote equity, inclusivity, and accessibility. By embedding EQIA into our decision-making processes, we aim to mitigate any adverse impacts and maximise positive outcomes for service users, carers, and staff. • **PCREF Implementation –** We have commenced the implementation of the Patient and Carer Race Equality Framework (PCREF), which aims	Achieving (2)	Deputy Director Integration and Partnerships Deputy Director Integration and Partnerships

		to improve access, experience, and outcomes for racialized communities in mental health. The Trust has developed a PCREF dashboard to monitor progress, highlight disparities, and inform targeted interventions. We have also established a PCREF partnership group and are mobilising partners to work collaboratively with us to co-produce solutions that address inequalities and ensure services are responsive to the needs of diverse communities. Governance structures have been established to oversee the framework's implementation, ensuring accountability and alignment with our organizational priorities. Our Deputy CEO/COO serves as the Executive Lead for PCREF, demonstrating the Trust's commitment to driving this critical agenda. All services are now identifying and agreeing on their PCREF priorities for 2025 to embed meaningful and sustainable changes that enhance equity across the organisation. • **Access to SMHTOP Service –** We initiated a project to enhance access to mental health services for older people, recognizing the unique challenges and needs of this population. As part of this initiative, we conducted a comprehensive demand and capacity analysis, identifying areas of unmet need and service gaps. As a result of targeted interventions, we achieved an 18% increase in referral rates, reflecting improved awareness and accessibility of our services. This progress has been supported by expanding outreach efforts, strengthening partnerships with primary care and community organizations, and providing tailored training for staff to address the specific mental health concerns of older adults. Additionally, we are developing strategies to ensure timely assessments and care delivery, incorporating feedback from service users and carers to refine our approach. Ongoing monitoring and evaluation are in place to measure outcomes, ensuring sustainable improvements in access, experience, and mental health outcomes for older people. • **Care Closer to Home Project –** This initiative is focused on ensuring that older people have access to high-quality mental health services closer to home. We are enhancing our model of care, streamlining		Deputy Director Integration and Partnerships Clinical Director for Specialist Services Division / Head of Service Clinical Director for Specialist Services

		pathways, and refining our community-based approaches to deliver services effectively across the county. By collaborating with local partners and stakeholders, we are creating a more integrated and accessible system that meets the diverse needs of older adults. • **Neuro-developmental Pathway –** This project focuses on developing new pathways and processes for assessing Autism across Hertfordshire, Buckinghamshire, and Essex. The goal is to ensure that individuals with neurodevelopmental needs have timely access to appropriate assessments, diagnoses, and support services. In addition to improving access, the project emphasises workforce training to enhance awareness and expertise, as well as incorporating feedback from service users and carers to ensure that services are responsive, inclusive, and person-centred. • **Rehab inpatient pathways –** This project is dedicated to mapping existing inpatient rehabilitation pathways to gain a clear understanding of the current landscape. By identifying gaps and areas for improvement, the initiative aims to ensure that individuals requiring rehabilitation services receive seamless, effective, and person-centred care. Through this work, we aim to create a more cohesive and efficient rehabilitation pathway that meets the diverse needs of service users and supports their journey toward long-term well-being.		Division / Head of Service Divisional Director (Learning Disabilities & Forensics) Head of Service / Consultant Occupational Therapist Rehabilitation Services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)

	1B: Individual patients (service users) health needs are met	In 2024/25, we assessed how well the health needs of individual service users are being met through the care and support we provide. Our focus has been on delivering personalised, holistic approaches to ensure that each service user receives timely, appropriate, and effective interventions tailored to their specific needs. To evaluate service quality, identify areas for improvement, and enhance overall outcomes, we have undertaken the following initiatives:
		
		• **Community Transformation Programme –** Our focus has been on embedding the personalised care and support plan that places the needs and preferences of service users at the heart of their care. This initiative aims to transform delivery of care, ensuring that it is tailored, proactive, and aligned with individual goals. Through this programme, we have worked to strengthen partnerships with local services, improve care coordination, and enhance service user involvement in decision-making. By empowering individuals to take an active role in their care planning, we aim to improve outcomes, promote independence, and ensure that services are responsive to the diverse needs of the community. Ongoing evaluation and feedback from service users are key to refining and improving our approach.
		
		• **Adult Acute Pathways Improvement Programme –** We have prioritised enhancing pathways into acute services to better meet the health needs of individuals. In 2024, this programme has achieved significant milestones, including:
		  ○ A reduction in out-of-area placements.
		  ○ Shortened lengths of stay for service users.
		  ○ Improved reporting processes for Enhanced Discharge Teams.
		  ○ The integration of a trauma-informed approach into care delivery.
			Achieving (2)	Divisional Director (Planned Care)
				
				Divisional Director (Acute and Urgent Care)

		○ A strengthened focus on addressing health inequalities, guided by insights from our PCREF dashboard. • **Frailty Pathway and Systems Integration –** We have implemented an integrated frailty pathway for older people within inpatient units in collaboration with all system partners. This pathway enables partnership working and ensures that care is proactive, holistic, and aligned with the needs of older people and their carers, ultimately fostering better health outcomes and integrated service delivery. This initiative aims to establish a seamless, system-wide approach to: ○ The early identification and assessment of frailty. ○ Effective signposting and referral to appropriate services. ○ Coordinated interventions to address medical, social, and psychological needs. ○ Supporting transitions of care to ensure continuity and avoid unnecessary hospital readmissions. ○ Enhancing the overall quality of life for individuals by promoting independence and tailored support.		Divisional Director (Specialist Services)

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
	1C: When patients (service users) use the service, they are free from harm	In 2024/25, we have fully embedded the Patient Safety Incident Response Framework (PSIRF) across our organisation, emphasising a culture of learning, transparency, and improvement to ensure that service users are free from harm. Below are the key steps and achievements that demonstrate our commitment to safety: 1. PSIRF has been implemented across all divisions, with active staff engagement in conversations about safety, fostering a culture of openness and accountability. This includes training and support to enhance understanding and implementation at all levels. 2. Patient safety incidents are reviewed weekly at the Patient Safety Incident Panel, chaired by the Deputy Director of Safety & Risk. This panel includes representatives from all Operational Divisions, as well as the Patient Safety Team, Mortality Team, and Corporate Safeguarding Team. The panel collaboratively determines the appropriate learning response for each incident, with all decisions and actions systematically recorded in the Datix system. 3. We have mobilised Patient Safety Partners across all divisions, actively contributing to safety improvement plans, identifying risks, and co-producing solutions to enhance service delivery. 4. We have established robust AAR processes to evaluate safety incidents, identify root causes, and share learning. Lessons from AARs and Safety and Wellbeing Action Reviews (SWARMs) are captured on DATIX and shared through divisional governance frameworks, including quality and risk meetings. 5. We have strengthened and standardised incident reporting procedures across all divisions, ensuring consistency and clarity. Governance structures are robust, providing oversight of safety incidents and ensuring alignment with our safety priorities.	Achieving (2)	Deputy Director Safety and Risk Management/ Divisional Directors / Chief Nursing Officer

		6. A PSIRF monthly newsletter is being developed to facilitate Trust-wide learning, highlighting emerging themes, successful practices, and improvement actions. This initiative ensures that lessons learned are disseminated effectively and acted upon. 7. All divisions have identified their PSIRF priorities, and the PSIRF Steering Group actively supports the development and implementation of improvement plans. Themes such as violence and aggression, self-harm, unexpected deaths, falls, and medication safety are prioritised, with targeted strategies and progress monitoring in place. 8. Divisions have highlighted specific initiatives, including trauma-informed care, positive behavioural therapy, and physical health simulation training, to address key safety challenges. For example: ○ **Violence and Aggression** – Training in de-escalation techniques and simulation exercises to prevent harmful incidents. ○ **Unexpected Deaths** – Collaboration with physical health teams to improve identification of physical health deterioration and escalation procedures. ○ **Falls Prevention** – Local strategies feed into the Trust's overarching Falls group, ensuring best practices are shared and implemented. ○ **Medication Safety** – Continuous quality improvement (CQI) projects are addressing challenges, with successful pilots being scaled up trust-wide. 9. We use data from incident reports, SWARMs, and other sources to identify trends and emerging risks. Divisions are encouraged to critically analyse data, focusing on "what the learning means" and implementing proactive measures to address safety concerns. 10. Cross-divisional collaboration ensures that safety themes and challenges are addressed cohesively. For example, divisions are working with external partners such as Change, Grow, Live (CGL) to address substance misuse concerns among service users.		

		11. Divisional Safety Improvement Plans are integrated into business plans, aligning safety efforts with operational priorities. Reflective practices and learning are embedded within teams to ensure ongoing safety enhancements. 12. The Trust actively collaborates as a key partner in the Hertfordshire Suicide Prevention Strategy and its associated workstreams and is an integral member of the Public Health-led Suicide Prevention Board. In partnership with Public Health and other stakeholders, the Trust has contributed to the development and implementation of a real-time surveillance system in Hertfordshire. This innovative system serves as an early warning tool, identifying shifts in suicide trends by analysing data on suspected cases. Building on this foundation, the Trust is currently piloting a new suicide prevention training initiative in collaboration with local acute hospitals across Hertfordshire. This programme aims to equip clinical and support staff with the knowledge and skills needed to effectively address suicide risks and improve outcomes. Comprehensive training is being provided to all involved, fostering a proactive and informed approach to suicide prevention within the healthcare system. Our holistic approach to implementing PSIRF ensures that safety, effectiveness, and experience are central to our services, fostering a culture of care where service users feel supported and protected.		

	1D: Patients (service users) report positive experiences of the service	In 2024/25 we have commenced work to understand the areas we need to focus on to ensure equitable experiences for service users. A significant proportion of our feedback (e.g. Friends and Family Test and local 'Having your Say' surveys) are anonymous, so these do not give us an understanding of how equitable service user experience is. There is potential to gain this understanding from complaints, so we have been working to improve the quantity of Equal Opportunities forms we receive, to help us derive this understanding. Rather than sending the Equal Opportunities form in hard-copy we are now hosting the survey on our online portal IQVIA, and complainants are being sent a link to click-through. This change is in the testing phase at the moment, and we will evaluate the impact (if any) on numbers of forms received. The other area of focus has been the intelligence DIALOG can furnish in terms of how equitable service users' experiences have been. During 2024 (January-December) there were 23,943 scores recorded on DIALOG. Two questions relate to patient experience, namely: Q10: how satisfied were you with the practical help you received? Q11: how satisfied are you with consultations with mental health professionals? From analysing the data we have developed the following insights (average score was 4/10 in all cases): • For Q10: scores for Chinese service users and service users from 'any other black background' and 'any other ethnic group' were lower, at 3/10. • For Q11: scores for Bangladeshi service users were higher, at 5/10. • For Q10: scores were lower for trans men (3/10), other - not listed (3/10), not stated (3/10) and not specified (2/10). • For Q11: scores were lower for not stated (3/10) and not specified (2/10). • For Q10: scores for bisexual service users were lower, at 3/10.	Achieving (2)	Chief Operating Officer / Deputy Director Integration and Partnerships

		• For Q11: scores for service users identifying as gay women/lesbian were lower, at 3/10. • For Q10: scores were lower for individuals with a mobility & gross motor disability and for those who did not describe their disability (both 3/10). Experience for individuals with a sensory impairment was better than average, at 5/10. • For Q11: scores were lower for individuals recording a manual dexterity disability (3/10). Experience was better than average for individuals with a hearing impairment, sensory impairment and/or sight loss (all 5/10). During 2025/26 HPFT will conduct focus groups with service users to understand possible reasons for this variation in experience. This will concentrate on individuals who have the following characteristics: Chinese; trans man; bisexual; gay woman/lesbian; mobility & gross motor disability and manual dexterity disability. Once we have a better understanding of possible reasons for this variation, we can begin work to try and improve experience. We will also explore why so many of the lower scores fall within the 'not stated', 'not specified' and 'not listed' categories. Are service users more forthcoming when DIALOG scores are completed remotely rather than in the presence of clinicians? Do the possible responses need to be updated, e.g. so that we give more options in black background, ethnic group and broadly within gender? If we can understand more about the individuals choosing these categories, we can do more to target improvements in experience. Finally, in 2025/26 work will be ongoing to ensure that the data from DIALOG is as robust as possible. This will include ensuring service users fully understand the assessment (particularly if they are completing it via text message) and providing staff with the necessary support and training to facilitate service users in completing their assessments.		
Domain 1: Commissioned or provided services overall rating			8	

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	• Our Occupational Health Services are provided by Health at Work. The Health at Work service offers impartial advice to support managers in promoting wellbeing, preventing sickness absence, and planning a safe and sustained return to work following sickness absence. • Wellbeing Action Plans are promoted and accessible to support staff wellbeing; they help staff and managers talk about what helps them to stay well at work and to explore how line mangers and staff can be supported to achieve this. • Wellbeing conversations (including a focus on inclusion) also form part of our appraisal conversations for every member of staff at HPFT. As of December 2024, the Trust had an overall compliance score of 96%, demonstrating that most of our staff have had a wellbeing conversation in the last year. • Our Employee Assistance Programme is provided by VIVUP (a new provider from November 2024) and they provide staff with independent, confidential support on mental health, physical health, financial concerns or personal issues. • All staff have full access to ARVRA wellbeing app, which provides a range of services including nutrition advice, wellness and mental health support, workouts guidance and personal training offering. We also have worked with ARVRA over the past year to provide a range of face-to-face wellbeing offers. • The Trust adopts a range of measures to monitor staff health and wellbeing, for example:	Achieving (2)	Chief People Officer

		○ Monitoring appraisal conversation compliance (including a wellbeing element) – reportable to Board monthly. ○ Monitoring trends in sickness absence rates and reasons – reportable to Board monthly. ○ Line managers monitoring and supporting individual wellbeing through return-to-work conversations following periods of sickness absence, and regular manager supervision (trackable via our Supervision App) • New employees undergo health checks; 864 were carried out between April - November 2024 by our Occupational Health provider. • Our flexible working policy was revised in 2024, to strengthen the support available to staff to better manage long term conditions, promote work-life balance and healthy lifestyles. This will be further supported by a flexible working staff app, which is currently in development. • In the Staff Survey 2023, 68.9% of staff said that HPFT takes positive action on health and wellbeing, which positions us higher than the national average score. • Our managers are supported to expand their knowledge and understanding of how to best support various support with various health conditions and their implications through training and toolkits, for example: sickness absence training, reasonable adjustments training, inclusive leadership training, sickness absence management toolkit, wellbeing toolkit and reasonable adjustments toolkit.		

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	• We employ a Freedom to Speak up Guardian (FTSUG) who is an independent confidential point of contact for staff wishing to speak up, who works alongside 37 FTSU Champions across the Trust. The FTSUG collects data from speak up cases and high-level information is reviewed by the Trust and submitted to the National Guardian's Office (NGO) on a quarterly basis. • The Trust's Disciplinary Policy specifically sets out discrimination as a serious breach, supporting our strategic ambition to eliminate all forms of discrimination. • The Trust's Harassment and Bullying Policy clearly sets out the types of behaviours that constitute bullying or harassment and are unacceptable, alongside a range of support mechanisms for those who believe they are victims of such behaviour. • The Trust's Grievance Policy clearly sets out the process to be followed should informal resolution of bullying and harassment or other concerns be unsuccessful. • The Datix system provides the Trust and workforce a valuable framework for staff to report incidents including those of racial abuse, helping to foster a safer and more inclusive work environment. This system allows for two distinct methods of reporting, (1) staff can categorise incidents by their specific type, (2) incidents can also be reported as part of a larger event. • The Staff Survey 2023 results found that staff experience in relation to bullying, harassment or abuse has shown improvement, however we recognise that further work is needed to improve staff experience of bullying and harassment from service users and members of the public. This continues to be an area of focus for the Trust in line with our Belonging and Inclusion Strategy, and a pilot is currently underway to trial new approaches.	Achieving (2)	Chief People Officer / Chief Nursing Officer
	2C: Staff have access to independent	• The Trust has a Freedom to Speak up Guardian (FTSUG) who is embedded into the organisation alongside 37 FTSU Champions across the Trust.	Achieving (2)	Chief People Officer / Chief

	support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	• The Trust has 8 active staff networks, with plans underway to create a new men's network. These networks provide a safe space for staff with shared characteristics to discuss matters of importance to them relating to their experience at work. Our current networks include a Women's Network, Mental Health Network, Neurodiversity Network, Spirituality Network, Staff Carers Network, Diversability Network, embRACE Network, Rainbow Network (LGBTQ+). • The Trust supports and regularly engages with Trade Unions on workforce matters via our JCNC (Joint Consultative Negotiating Committee), a management and staff side committee which works in partnership to foster good employee relations across the Trust. These arrangements are outlined in our Trade Union Recognition and Partnership Agreement, updated in 2024. • In December 2024, the Board approved the implementation of the NHS England Staff Networks Tool, which will strengthen all staff networks and their impact across our Trust. Updated arrangements will commence from April 2025. • The Trust offers the below support to staff seeking independent advice or support, outside of line management structures; Employee Assistance Programme VIVUP, Schwartz rounds, Occupational Health along with Freedom to Speak Up Guardian and Champions. • The Trust has 33 Professional Nurse Advocacy (PNA), and 10 people undertake the PNA training programme. Through restorative clinical supervision, staff have the option for individual or group sessions. The main objective is to provide supervision in a confidential space to reduce experience of burnout and stress and identify and address any bullying and harassment and/or physical violence. • The Trust has an incident and traumatic experience debriefing' service, managed by the Trust's Safer Care and Standards Facilitator. This service is		Nursing Officer

		confidential, non-judgmental and has a learning element. The Trust have 20 trained facilitators who together provide the Staff Support Service. • The Trust has a clear policy on completing Equality Impact Assessments, which was introduced in 2024. Equality Impact assessments are reviewed and stored by Inclusion Team. • The Staff Survey 2023 found that of those people reporting that they had experienced harassment, bullying or abuse at work, 62.12% reported it. Whilst this is above the national average score, we are undertaking work to improve this in connection with revising our approach to eliminating harassment, violence, and aggression towards our staff from service users.		

	2D: Staff recommend the organisation as a place to work and receive treatment	• The Staff Survey 2023 found that:
		  • 72.61% of staff would recommend HPFT as a place to work, which is above the national average score and an increase of 0.6% from the previous year.
		  • 69.28% of staff agreed that if a friend or relative needed treatment, they would be happy with the standard of care provided by HPFT, which is above the national average score and an increase of 0.3% from the previous year.
		  • 85.3% of staff agreed that care of patients / service users is HPFT's top priority, which is above the national average and a sustained position from the previous year.
		• HPFT have been listed as one of the top six Mental health Trusts to work for in 2024, reflected in the national league table based upon the staff survey 2023 results.
		• The Trust reports and compares the experiences of staff BAME, LGBTQ+ and Disabled staff against other staff and this is reported to Board. This is completed via our Staff Survey results reporting, our WRES and WDES reporting and our Gender and Ethnicity Pay Gap reporting. Action plans are
			Achieving (2)	Chief People Officer / Chief Nursing Officer

		developed following this analysis, working together with key stakeholders such as our Staff Network members. • The Trust reports on sickness and absence data trends via a monthly People and OD report which is reportable to Board, and also via more detailed reports at divisional level, which enable local conversations around ensuring support measures are in place to reduce absence and retain staff. • The Trust is participating in the People Promise Exemplar Programme (PPEP) 2024 and has employed a People Promise Manager who is leading on the implementation of a People Promise Action Plan (retention plan) that focuses on improving staff retention. Since HPFT started the programme in March 2024, we have seen a sustained reduction of our turnover, leaver and vacancy rates. • One of our overall aims as part of the PPEP is to improve our onboarding, stay conversations and exit interview process. We now have an automated process for staff who are leaving to receive an exit survey, and our next step is to develop an Exit Survey and Discussion App to maximise the opportunities for staff to let us know their reasons for leaving and for us to further our learning.		
Domain 2: Workforce health and well-being overall rating			**8**	

Domain 3: Inclusive leadership

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	• The Trust Board and relevant committees receive a quarterly update on workforce and patient equalities and health inequalities, where concerns are discussed, and risk mitigation takes place. • In line with the Leadership Framework for Health Inequalities Improvement, equality considerations are embedded into all board reports, with authors and Executive leads required to provide assurance to the board on how their reports align with our commitment to reducing inequalities. This approach ensures that the Board has clear oversight of the impact of decisions on health inequalities and supports informed decision-making. • Regular papers concerning equality across our organisation are discussed and reviewed at Board level, both as focus areas and as part of wider updates within monthly People and OD reports. • All staff networks have an appointed executive sponsor who engages throughout the year with staff network activities. • Board members and senior leaders acknowledge and attend religious, cultural and wellbeing events which are shared in Trust communications. • Reviewing the makeup of the Board membership indicates that there is broad demographic representation including disability, sex, sexual orientation, faith and ethnicity. • The Chief Executive, Chief People Officer (and Deputy Director of People and OD) speaks to new starters at our Trust Induction every month about our Belonging and Inclusion Strategy and our Values, and how we put these into action.	Achieving (2)	Chief People Officer/ Belonging and Inclusion Lead

		• The Chief Executive has made EDI a key priority and regularly raises EDI-related issues in her blogs and also in the regular Chief Executive briefings. EDI has also been identified to be a core part of our 'Great Together' Trust strategy, launched in 2023. • The Trust launched its Belonging and Inclusion strategy following engagement with staff across Trust in 2023. • As part of our annual appraisals, all staff (including Board Members) are required to agree a specific work objective relating to belonging and inclusion. As of December 2024, 96.12% of staff have an up-to-date appraisal, showing that most of our staff have a belonging and inclusion related work objective. • Board members and senior leaders are regularly invited to attend and/or act as keynote speakers across a range of cultural or religious, or wellbeing focused celebration events. • New to 2024, our leaders are required to complete an Inclusive Leadership module as part of their development; figures as of January 2024 show that 55% of line managers have completed this training so far (358 / 649 line managers). • Line managers have access to a range of support resources to ensure an inclusive leadership approach, for example: sickness absence training and a sickness absence toolkit, reasonable adjustments training and toolkit, a wellbeing toolkit, flexible working training and appraisal training.		
	3B: Board/ Committee papers (including minutes) identify equality and health inequalities related impacts	• Each paper reviewed by the Board or a Board Committee includes an assessment of implications for 'equality, diversity and human rights', for 'service users and carer experience' and for 'people'. • EDI is a consistent feature in board papers where equality and health equality impacts are a standard consideration. • EDI considerations have been consistently featured in all 6 Board meetings in 2024.	Achieving (2)	Chief People Officer/ Belonging and Inclusion Lead

	and risks and how they will be mitigated and managed	• Belonging and Inclusion deliverables and action updates are reported within the monthly People and OD report, sent to Board. These include a Belonging and Inclusion dashboard outlining key workforce metrics, and an update on quarterly deliverables aligned to the Belonging and Inclusion Strategy (including actions within the WDRES, WDES and Gender Pay Gap action plans).
		• Actions plans are monitored through performance reports, there is now a quarterly performance report to the Board on some EDI issues.
		• Risk assessment at offered to all staff as and when required, including those with protected characteristics.
		• The Trust's 2024-25 annual plan for 2024 includes several key actions aligned to enhancing equality across the organisation. These are mapped across:
		  • Strategic objective 3, 'Our People' – we will attract, develop and retain a skilled compassionate workforce by creating inclusive and thriving workplaces, and
		  • Strategic objective 4, 'Equity and Addressing Inequalities' – we will address inequalities to improve outcomes and advance equity for people from all communities.		

	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with	• The Board considers reports on the performance of the Trust for Workforce Disability Equality Standard (WDES), Workforce Race Equality Standard (WRES) and Gender Pay Gap reporting data on a quarterly basis, with updates on specific actions as part of monthly People and OD reporting. • Gender Pay Gap is reported to board annually (last report dated February 2024) and has an associated action plan (last renewed in September 2024). • Monthly People and OD Reports are collated per Division and each Division has a core management meeting and Performance Review Meeting once per month.	Achieving (2)	Chief People Officer/ Belonging and Inclusion Lead

	staff and patients	• Data is gathered on service user involvement activities including demographics. Relevant issues/concerns are reported to the Board. • Involvement activities are reported to the Board bi-monthly via the Experience of Care report. • EQIA process is in place and monitored by the Inclusion team. • All (Band 9 and VSM) recruitment have an expert by experience on the recruitment panel. Year on year improvement can be seen in WDES and WRES. • Our 'Great Together' strategy has three key ambitions: we will embed our just and inclusive culture; we will build a diverse workforce representative of our service users and local communities, and we will eliminate discrimination, bullying and harassment at work. Our organisational annual plan with key deliverables is aligned to strategic objectives from within our Great Together strategy. Quarterly updates are reported to Board on the progress against these. • Mechanisms such as service user and carer councils are in place to reflect on areas for improvement through their regular meetings that feeds into the Board. • Arrangements are in place for Experts by Experience to be engaged in recruitment processes for roles at all levels in the Trusts. • All board level recruitment during the 2023-24 included experts by experience on the final selection panel. • Various initiatives have also been put in place to support improved performance in areas of EDI including experience of BAME and disabled staff. These include continued strengthening of our inclusion ambassadors, new conscious inclusion training, expansion of our staff networks to include neurodiversity, new appraisal app incorporates a belonging and inclusion objective, calendar of events to celebrate inclusion and promote learning and launch of allyship training.		

		• The Trust have a Disciplinary review, decision making panel in place who address discrepancy and challenge variation in disciplinary processes, with a particular focus on BAME and Disabled staff.		
Domain 3: Inclusive leadership overall rating			6	
Third-party involvement in Domain 3 rating and review Overall rating of Achieving				
Trade Union Rep(s): Unison & RCN		**Independent Evaluator(s)/Peer Reviewer(s):** Essex Partnership University NHS Foundation Trust		

EDS Organisation Rating (overall rating): 22 - Achieving

Organisation name(s): Hertfordshire Partnership University 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**
Daniel Oyayoyi, Strategy Development Manager Leah Bailey, Belonging and Inclusion Manager	2025/26
EDS Sponsor	**Authorisation date**
Kate Linhart, Deputy Director, Integration and Partnerships Louise Thomas, Deputy Director of People and Organisational Development	

Note that the following actions for Domain 1 also align to our Patient Carer Race Equality Framework (PCREF) and our broader health equity objectives.

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Ensure more reliable insights for service planning and equity monitoring.	Improve the accuracy of recorded ethnicity data to 90%, ensuring more reliable insights for service planning and equity monitoring.	April 2025 – March 2026
	1B: Individual patients (service users) health needs are met	Strengthen our ability to address disparities and tailor services effectively.	Define and implement clear data quality targets for disability and religious belief, strengthening our ability to address disparities and tailor services effectively.	April 2025 – March 2026
	1C: When patients (service users) use the service, they are free from harm	Further embed people's lived experience insights to improve services.	Actively engage and empower people with lived experience to become Equity Partners,	June 2025

	1D: Patients (service users) report positive experiences of the service		embedding their insights into decision-making and service improvement.	
		Improve how we drive inclusive and co-produced change.	Establish a Multi-Stakeholder Partnership Group bringing together service users, carers, staff, communities, VCFSE organisations, and system partners to drive inclusive and co-produced change.	June 2025
		Improve how we monitor performance and accountability around health inequalities.	Design and implement a set of key performance indicators to monitor service delivery, measure impact, and enhance Trust-wide oversight and accountability.	April 2025 – March 2026
		Improve our understanding of service user experience across protected equality groups.	Develop robust feedback mechanisms for capturing service user experience and identifying themes across protected equality groups.	April 2025 – March 2026

Note that the following actions for Domains 2 and 3 are those identified as not being sufficiently addressed by our separate Belonging and Inclusion implementation plan, or our WRES, WDES and Gender Pay Gay action plans. These plans (previously approved by Board and already being implemented) are included at the end of this document for reference.

Domain	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	Ensure staff are aware of the support available to manage obesity, diabetes, asthma, COPD and mental health conditions.	As part of a wider refresh of staff wellbeing intranet and promotional materials, create clear signposting to support available to staff for the management of obesity, diabetes, asthma, COPD and mental health conditions.	April 2025
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source			
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source			
	2D: Staff recommend the organisation as a place to work and receive treatment			

Domain	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 extent to which Board members, senior leaders and line managers demonstrate their understanding of, and commitment to, equality and health inequalities.	Undertake a report following the 2025/26 appraisal cycle analysing the various actions leaders have taken to embed our Belonging and Inclusion strategy across the Trust. As part of 2025/26 plans to strengthen staff networks, implement an engagement plan to ensure senior leaders (band 9 and above) actively engage with staff networks at least 2-3 times throughout the year.	September 2025 April 2025 – March 2026
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed			
	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			

Copy of our **Belonging and Inclusion Strategy implementation plan** - with alignment to EDS domains and outcomes.
Highlighted actions indicate these are connected to (or duplicate) wider actions across the four action plans shared.

Area & Objective	Action	Timescale	Outcome & Impact	EDS area of impact
Inclusive Culture	Deliver an inclusive cultural programme of work to include developing compassionate and caring teams where everyone feels valued and respected, fostering a sense of community and support for our workforce.	Jul 2028	Service users and carers will say "I feel fully included and supported in my care by the welcoming, kind, respectful, positive and professional staff". And "I experience teams who are effective and compassionate and work together to deliver great care". Staff will say "I can bring my whole self to work." And "I feel valued and respected". And "My leader is compassionate, values-based and supports my individual and our team development". Our partners will say "We see the HPFT values in action in everything they do". and "We want to work with HPFT as we know they are fair and inclusive in their business partnerships"	Outcome 2B Outcome 2D
	Enhance our belonging and inclusion training for staff and strengthen our support for allyship so that people feel safe to learn about all our differences to enhance understanding in a safe and supportive environment	Apr 2025		Outcome 2B Outcome 2D
	Review our staff networks to strengthen, refresh and reinvigorate the networks, expand membership, allyship and links into local community groups and consider whether to expand the networks to further reflect the diversity of our workforce.	Sep 2024		Outcome 2C Outcome 3A
	Embed equity into everyday practices, including our leadership development training, meetings, people performance reporting and appraisal objectives.	Jun 2025		Outcome 2B Outcome 2D Outcome 3A Outcome 3B Outcome 3C
	Develop a programme of events throughout the year to celebrate inclusion and diversity, inviting people to connect and expand their knowledge and understanding of different cultures, communities, backgrounds, and beliefs.	Jan 2024		Outcome 2B Outcome 2D Outcome 3A
	Refresh our leadership development offer and expectations to ensure we develop values-based, compassionate leaders at every level of the Trust.	Mar 2024		Outcome 2B Outcome 2D Outcome 3A

Area & Objective	Action	Timescale	Outcome & Impact	EDS area of impact
Diverse Workforce	Launch recruitment campaigns promoting our diverse and inclusive culture, targeting communities and groups we wish to attract.	May 2024		Outcome 3C
	Expand the Inclusion Ambassador programme to ensure our Inclusion Ambassadors reflect the diversity of our workforce and that inclusion is at the forefront of all recruitment decisions at each step of the process.	Apr 2024	Service users and carers will say “I am confident that HPFT staff understand, value and respect me for who I am, and I can be my whole self in their care.” Staff will say “I have received excellent training and development, and I can see my future career at HPFT.” Our communities will say “We can see ourselves represented in the workforce of HPFT, which makes us feel more able to access care and support.”	Outcome 3C
	Develop strategic talent management, development and succession plans that enable our workforce to thrive and develop and support the development and career progression of underrepresented groups	Sep 2024		Outcome 2D Outcome 3C
	Refresh our induction processes so that staff and leaders receive a comprehensive, culturally insightful induction to recognise and celebrate difference	Apr 2024		Outcome 2B
	Review our wellbeing offer to ensure that our wellbeing programme addresses the diverse needs of all our staff so that we address health inequalities within our workforce.	July 2024		Outcome 2A
	Review the accessibility of reasonable adjustments and develop a programme of work to improve accessibility to enable our employees with disabilities to thrive at work.	May 2025		Outcome 2A
	Show visible signs of our commitment to eliminating discrimination, such as signing up to the East of England anti-racism charter and the NHS sexual safety charter and ensuring we deliver against the high impact actions set out in the NHS Equality, Diversity and Inclusion Improvement Plan.	Apr 2024		Outcome 2B Outcome 2C

Area & Objective	Action	Timescale	Outcome & Impact	EDS area of impact
Eliminate Discrimination	Educate leaders to eradicate racism and microaggressions in the workplace, including insensitive and inappropriate "banter" such that all staff feel safe and able to be themselves at work by extending our Reverse Mentoring Programme and enhancing our training.	Apr 2025	Service users and carers will say "I understand the consequences of my behaviour if I bully, harass, or am violent or racist towards HPFT staff." Staff will say "I am confident in the fairness and equity of our recruitment and development activity." And "I am treated fairly, equitably, and I feel I belong here." And "I feel physically and psychologically safe coming into work each day." And "I feel safe and confident to speak up to raise concerns and challenge where behaviours do not meet our standards and values." Our communities will say "HPFT is somewhere we would want to work and receive care – we have confidence and trust in them." Our partners will say "We see HPFT always advocating for anti-racism and the elimination of discrimination in all that they do"	Outcome 2B Outcome 3A
	Including belonging and inclusion objectives into Board and senior manager annual performance reviews to which they will be held individually and collectively accountable	Apr 2024		Outcome 3A Outcome 3C
	To combine belonging and inclusion metrics and measures of success into a monthly/quarterly dashboard.	Dec 2023		Outcome 3C
	To review declaration rates and report on these annually, with a programme a work to drive up declaration rates.	Apr 2024		Outcome 3C
	Develop targeted communications and actions to eliminate bullying, harassment, violence, aggression, and racist behaviour towards our staff from service users, their carers or members of the public.	Dec 2024		Outcome 2B Outcome 2C
	Review all employment policies to ensure inclusive language and practice.	Apr 2024		Outcome 2B Outcome 2C Outcome 3B
	Promote best practice to create psychologically safe spaces within teams, embedding techniques to foster a positive learning environment, eliminate blame and create an environment where everyone feels heard, valued and respected and feel skilled and empowered to provide feedback to people not living our values and to speak up and report discrimination.	June 2027		Outcome 2B Outcome 2C Outcome 3A

Copy of our **WRES action plan** – with alignment to EDS domains and outcomes.

Highlighted actions indicate these are connected to (or duplicate) wider actions across the four action plans shared.

Area & Objective	Action	Timescale	Outcome & Impact	EDS area of impact
Inclusive Culture	Strengthen our network and it's voice and influence through relaunching the network at our Black History Month celebrations, promoting progress against the Unison anti-racism charter and Belonging and Inclusion Strategy and encouraging participation in the 2024 annual staff survey.	Oct 2024	● All staff feel a sense of belonging and inclusion. ● All staff are aware of their personal responsibility for embedding our belonging and inclusion culture	Outcome 2B Outcome 2C
	Launch training and guidance on inclusive leadership, allyship, micro-aggressions and inclusive recruitment	September 2024		Outcome 2B Outcome 3A
	Launch an online resource library to further educate staff on belonging and inclusion.	September 2024		Outcome 2B
	Embed conscious inclusion in the refresh of our leadership development offer	Jan 2025		Outcome 2B Outcome 3A
	Provide support sessions within our BAME Staff Network for staff affected by internal and external events and launch targeted wellbeing support.	Ongoing		Outcome 2B Outcome 2C
Diverse workforce	Improve the Inclusion Ambassador programme through a comprehensive CQI review so that the programme can clearly demonstrate the value added.	November 2024	● Equality in relation to likelihood of appointment ● Equality in likelihood of entry to formal disciplinary processes ● Equality in relation to development ● Increased representation at all levels of the Trust	Outcome 3C
	Further embed changes to formal disciplinary processes to achieve equity of staff entry to formal disciplinary processes	Nov 2024		Outcome 2B Outcome 2C
	Explore themes arising from appraisal talent management for BAME staff and develop robust actions to address these.	Feb 2025		Outcome 2D Outcome 3C
	Develop, launch and embed a reciprocal mentoring programme across all senior leaders in the Trust	January 2025		Outcome 3A
Eliminat-ing	Finalise, publish and implement our Tackling Discrimination from Service Users Policy, toolkit, posters and supportive guidance	Dec 2024	● Discrimination is eliminated.	Outcome 2B Outcome 2C

Area & Objective	Action	Timescale	Outcome & Impact	EDS area of impact
discrimin-ation	We voluntarily published our Ethnicity Pay Gap for the first time in 2024. We will publish this again in 2025 and put in place robust actions to address inequities.	February 2025	• All staff support our zero-acceptance approach and our culture of belonging and inclusion	Outcome 3B Outcome 3C

Copy of our **WDES action plan** – with alignment to EDS domains and outcomes

Highlighted actions indicate these are connected to (or duplicate) wider actions across the four action plans shared.

Area & Objective	Action	Timescale	Outcome & Impact	EDS area of impact
Inclusive Culture	Develop a guide for managers on how to work with staff with neurodiverse conditions and provide reasonable adjustments.	December 2024	• Improved numbers of staff declaring their disability status via ESR advances our employee data quality. • Meaningful participation of people with different types of disabilities. • Improved ability to hear the voices and experiences of our disabled staff enabling us to better facilitate action and representation throughout the Trust. • Increasing the confidence of disabled people to provide information on their disability status. • Increase the sense of belonging and safety within the workplace.	Outcome 2B Outcome 3A
	Launch and promote an Autism/Neurodiversity Passport for staff.	December 2024		Outcome 2A Outcome 2B
	Continue to collaborate with MatchWare to host MindView training sessions to help neurodiverse and disabled staff carry out their work effectively.	Ongoing		Outcome 2A
	Continue to promote completion of data on ESR	Ongoing		Outcome 2A Outcome 2B Outcome 2D
	Launch training and guidance on inclusive leadership, allyship, micro-aggressions and inclusive recruitment	September 2024		Outcome 2B Outcome 3A
	Launch an online resource library to further educate staff on belonging and inclusion.	September 2024		Outcome 2B
	Embed conscious inclusion in the refresh of our leadership development offer	Jan 2025		Outcome 2A Outcome 3A

Area & Objective	Action	Timescale	Outcome & Impact	EDS area of impact
	Establish whether we can hold standardised "stock" items to reduce the delay of delivery.	Dec 2024		Outcome 2A
Diverse Workforce	Improve awareness and implementation of Access Guides ensuring they are highlighted as a standard practice.	March 2025	• No one is excluded from taking an active part in working life at HPFT. • Recruiting and retaining staff with disabilities at all levels. • All staff have trust and confidence in the Trust as an employer. • Remain a Disability Confident Leader. Increased career. opportunities and progression. • Assurance that disabled staff go through a fair, thorough & consistent process to secure suitable employment.	Outcome 2A Outcome 3A
	Review application & recruitment processes to remove potential barriers and establish good practice in providing feedback following interviews.	March 2025		Outcome 3C
	Improve the Inclusion Ambassador programme through a comprehensive CQI review so that the programme can clearly demonstrate the value added.	November 2024		Outcome 3C
	Explore themes arising from appraisal talent management for disabled staff and develop robust actions to address these.	Feb 2025		Outcome 2D
	Develop, launch and embed a reciprocal mentoring programme across all senior leaders in the Trust	January 2025		Outcome 2D Outcome 3A
Eliminating Discrimin-ation	Finalise, publish and implement our Tackling Discrimination from Service Users Policy, toolkit, posters and supportive guidance	Dec 2024	• Discrimination is eliminated. • All staff support our zero-acceptance approach and our culture of belonging and inclusion	Outcome 2B Outcome 2C

Copy of our **Gender Pay Gap action plan** – with alignment to EDS domains and outcomes.

Highlighted actions indicate these are connected to (or duplicate) wider actions across the four action plans shared.

Area & Objective	Action	Timescale	Outcome & Impact	EDS area of impact
Inclusive Culture	Launch training and guidance on inclusive leadership, allyship, micro-aggressions and inclusive recruitment	September 2024	• Increased flexibility for staff • Improved attraction and retention • Increased satisfaction with flexibility • Our workforce feels valued and respected.	Outcome 2B Outcome 3A
	Launch an online resource library to further educate staff on belonging and inclusion.	September 2024		Outcome 2B
	Embed conscious inclusion in the refresh of our leadership development offer	Jan 2025		Outcome 2B Outcome 3A
	Offer a bi-monthly Women's Health Support Session and targeted wellbeing support.	Dec 2024		Outcome 2A Outcome 3C
	Improve work life balance and flexible working accessibility and understanding	Jan 2025		Outcome 2A Outcome 2D
	Undertake a deep dive into flexible working and work life balance, develop and roll out flexible working manager training and an App to request flexible working, together with robust actions to address the challenges identified in eth deep dive	Dec 2024		Outcome 2A Outcome 2D
Diverse Workforce	Develop, launch and embed a reciprocal mentoring programme across all senior leaders in the Trust	January 2025	• Our workforce feels able to say that they have received excellent training and development, and can see their future careers at HPFT	Outcome 3A
	Adapt the anticipated national menopause policy template and national policy on complaints and concerns about sexual misconduct in collaboration with women and implement these.	February 2025		Outcome 2C Outcome 3C
	Improve the Inclusion Ambassador programme through a comprehensive CQI review so that the programme can clearly demonstrate the value added.	November 2024		Outcome 3C
	Explore themes arising from appraisal talent management for women and develop actions to address these.	Feb 2025		Outcome 2D
	Review the keep in touch and return-to-work arrangements in consultation with women, explore other challenges facing women	Dec 2024		Outcome 2A Outcome 2B

Area & Objective	Action	Timescale	Outcome & Impact	EDS area of impact
Eliminating Discrimination	returning from maternity leave and address these and ensure that women understand their rights during and after pregnancy, maternity, new parent and adoption leave.		• All our talented staff are equally supported to progress. • No woman is disadvantaged as a result of maternity. • Our workforce feels included and supported by compassionate staff.	Outcome 2C Outcome 2D
	Collate intersectional data. Explore differences between gender when taking into account other protected characteristics such as age, sexuality and disability in addition to English as a Second Language. Analyse this data for differences and develop robust actions to address challenges.	March 2025		Outcome 2A Outcome 2D
	Review the return-to-work initiatives offered by the trust with the HR team in consultation with women	Jan 2025		Outcome 2A