|  |
| --- |
| NHS Equality Delivery System 2022 |
| EDS Reporting Template |
|  |
| Version 1, 15 August 2022 |

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

Contents

[Equality Delivery System for the NHS 2](#_Toc94529745)

## Equality Delivery System for the NHS

***The EDS Reporting Template***

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: [www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/](http://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/)

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

The EDS Reportis a template which is designed to give an overview of the organisation’s most recent EDS implementation and grade. Once completed, the report should be submitted via england.eandhi@nhs.net and published on the organisation’s website.

|  |  |  |
| --- | --- | --- |
| **Name of Organisation**  | Vita Health Group | **Organisation Board Sponsor/Lead** |
| Ishmael Beckford – EDI & Sustainability Director |

|  |  |  |
| --- | --- | --- |
| **EDS Lead**  | Alexander Tsoukaris – Equality, Diversity & Inclusion Practitioner  | **At what level has this been completed?** |
|  |  |  |  | **\*List organisations** |
| **EDS engagement date(s)** | **31/01/2025, 03/02/2025, 07/02/2025, 10/02/2025, 13/02/2025** | **Individual organisation**  | x |
|  |  |  | **Partnership\* (two or more organisations)** |  |
|  |  |  | **Integrated Care System-wide\*** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date completed** | 28/02/2025 | **Month and year published**  | 02/2025 |
|  |  |  |  |
| **Date authorised**  | 22/02/2025 | **Revision date** | / |
|  |  |  |  |

|  |
| --- |
| **Completed actions from previous year** |
| **Action/activity** | **Related equality objectives** |
| Improve digital inclusion | * Ongoing website refresh project involving EDI team as well as Partnership Liaison Officers and external organisations to work to make website as accessible as possible.
 |
| Remove the use of the term BAME wherever possible | * BAME no longer in use anywhere aside from a few mandatory NHS forms. Primarily using the term Racially Minoritised Communities in line with preferences of the Race Equality Colleague Network.
 |
| Improve support measures for individuals awaiting treatment. | * Admin team contacting those on the Talking Therapies waitlist and offering them resources to support while they await treatment.
 |
| Improve colleague awareness of support available to them includingformal processes and procedures  | * We have now produced and are delivering a Health & Wellbeing focused induction for new starters.
* Our intranet H&WB hub is kept well up to date with information and links to routes for support.
* H&WB team members have the link to our intranet page in their email footer, and the EDI, H&WB & Sustainability team is endeavouring to direct colleagues to this page whenever appropriate.
* Drop-in support spaces provided in the wake of the August riots as well as some drop-ins for service specific critical situations.
* Listening groups held by H&WB team in Corp EAP, Kent & Medway, Derby, Calderdale, Nottingham, Newcastle, Dermatology, and Diverse-Ability Network spaces.
* Encourage all colleagues including service leads, network chairs & EDI champions to bring service-based initiatives to VSM so that they can be more widely implemented.
* Network Chairs have held meetings with members of the Executive Management team to communicate initiatives/priorities.
* Greater efforts for communication being made by VSM colleagues.
* Added mandatory training modules incl. Sexual Harassment for all managers and colleagues.
 |
| Work to bring Network Chairs into conversations with HR/the EDI team, or bring new proposed policies and procedures to networks for their comments | * LGBTQIA+ Inclusion training presented to the LGBTQIA+ network.
* WDES/WRES presented to the Diverse-Ability Network and Race Equality Network.
* Feedback received from the Diverse-Ability network regarding the Reasonable Adjustment policy and Disability Awareness Training.
* Hidden Disability Sunflower policy run through the Diverse-Ability network.
 |
| Improve colleague awareness of who the EDI Champions/Network Chairs/FTSU Guardians/MHAs are | * Production of a new EDI Managers Toolkit that includes live information about EDI champions in each service and how to contact them.
* Efforts made to improve awareness of networks, EDI & Sustainability team signposting wherever possible.
* A template list of EDI champions for each service has been produced and sent out to Service Leads to fill out.
* Our intranet H&WB hub is kept well up to date with information and links to routes for support.
* H&WB team members have the link to our intranet page in their email footer, and the EDI, H&WB & Sustainability team is endeavouring to direct colleagues to this page whenever appropriate.
 |
| Improve experience of colleagues undergoing the TUPE process | * Colleagues from the RA team involved in advance of the TUPE process to ensure that reasonable adjustments had been discussed and supported and items are purchased and with people before the TUPE occurs.
 |
| Improve colleague awareness of discussions taking place at VSM level | * Communications released regarding the Spire acquisition, both via email and via meeting headed by Derrick.
* Communications sent out by Derrick regarding Southport in a timely manner detailing support options as well as his position.
* Appointment of a Comms lead taking place in early 2025.
 |
| Ensure organisation-wide feedback received during key processes such as EDS | * Invite representatives from each service area to future EDS/similar processes including ensuring that FTSU guardians are stakeholders for Domain 3.
 |

## EDS Rating and Score Card

|  |
| --- |
| Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctlyScore each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance with scores are below |
|  |
| **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 | Total Talking Therapies referrals received: **160,712**RMC referrals received: **31,364**65+ referrals received: **10,670**LTC referrals: **48,897**Has disability referrals: **30,140**Carer referrals: **3,128**Bisexual referrals: **8,474**Lesbian referrals: **2,570**Gay referrals: **2,404**Sexually attracted to neither male nor female sex referrals: **103*** Self-referral available online and/or via telephone – **9/10** Services
* Assisted referral available via GPs & other healthcare services – **10/10** Services
* Partnership Liaison Officers actively engaging with a wide range of community groups – **9/10** Services
* Alternative-language versions of patient resources available – **8/10** Services
* Large-Print & Easy Read version of patient letters available, with option for coloured-paper backing – **9/10** Services
* Full suite of EDI Champions in service – **5/10** Services
* On-demand interpreter services available (including BSL interpreters) for both in-person and remote appointments – **10/10** Services
* Patient registration details adhere to SOMIS (Sexual Orientation Monitoring Information Standard) requirement set by NHS – **10/10** Services
* Working alongside other specialist services in our service area to promote access to our service – **9/10** Services
* Patient resources and service promotional material available within GP surgeries – **9/10** Services
* Patient resources and service promotional material available in other areas (libraries, supermarkets, town halls, etc.) – **7/10** Services
 | **Score: 2 (Achieving)**Last year’s score: 2 (Achieving)**Feedback to improve:*** Do more to incentivise a full suite of EDI champions across all services.
* List wait times for self-referral on our external websites so that patients are aware of the time before they receive treatment.
* Mirror good practice across the organisation such as patient materials in a wide range of languages.
 | Service Lead – BNSSG, BNB, K&M, WE, LLR, Notts, Newcastle, Bromley & Lambeth, Pennine, Derm |
| 1B: Individual patients (service users) health needs are met | Recovery data shows most patients health needs are met (51.6% recovery rate vs 50% national target). * **Overall Recovery Rate** – 51.6%
* **18-25** – 45%
* **65+** - 65.4%
* **Female** – 51.2%
* **Male** – 52.7%
* **Non-Binary** - 45.7%
* **Lesbian** – 47.6%
* **Gay** – 52.8%
* **Bisexual** – 46.8%
* **Has disability** – 42.9%
* **Has LTC** – 48.2%
* **From Racially Minoritised Community** – 48%
* Different modes of communication are available for those who are hard of hearing including captioning and the offer of face-to-face treatment – **10/10** Services
* Face-to-face appointments in local areas with accessible nearby parking & public transport – **9/10** Services
* Video or face-to-face appointments with transcripts available for those who lip-read, BSL interpreters available – **10/10** Services
* Following general NHS good practice guidelines for function of service – **10/10** Services
* Availability of extended sessions including stretch breaks, or shorter sessions to accommodate patients as required – **8/10** Services
* Flexible DNA Policy – **7/10** Services
* Pre - and post-natal waitlist prioritisation (where applicable) – **7/10** Services
* Adapting for prayer time, childcare, and similar with appointment scheduling – **9/10** Services
* Patient feedback routes available, feedback considered and used to improve service where able/applicable – **10/10** Services
* Service offers same-gender practitioner or an appointment chaperone when requested – **10/10** Services
 | **Score: 2 (Achieving)**Last year’s score: 1 (Developing)**Feedback to improve:** * Consider the use of language in leaflets – not just for different languages. People trying to access the service may be illiterate. Make leaflets as simple and visual as possible, possibly including a QR code which links to our website which then may have more information.
* Consider use of term “wellbeing” whenever possible. This can have a very broad range of meanings and does not have a direct translation in all languages.
* Review DNA policy in some services to ensure this is standardised.
* Consider the use of the term “global majority” as an alternative to RMC or BAME whenever possible.
 | Service Lead – BNSSG, BNB, K&M, WE, LLR, Notts, Newcastle, Bromley & Lambeth, Pennine, Derm |
| 1C: When patients (service users) use the service, they are free from harm | * Governance, Quality & Risk meetings held on a monthly basis to review trends and share best practice.
* Clinical lead for safeguarding and risk with both regional and national leads available for escalation as required.
* Therapists assess risk and update patient management system at assessment and after each treatment, with robust supervision process that prioritises patients presenting with risk.
* Updated training including training videos being produced and delivered to clinical staff by duty and clinical leads.

Relevant Policy:* Chaperoning Policy
* Accessible Services Policy
* Safeguarding Policy
* Zero Tolerance Policy
* Patient Safety Incident Response Framework
* Management of Clinical Risk Policy
* Equality and Health Inequalities Impact Assessment Policy
* Clinical Governance Policy
* Sexual Safety: Sexual Harassment Policy
 | **Score: 2 (Achieving)**Last year’s score: 2 (Achieving)**Feedback to improve:**Consider ways to evidence that policy is being followed in all circumstances. | Service Lead – BNSSG, BNB, K&M, WE, LLR, Notts, Newcastle, Bromley & Lambeth, Pennine, Derm |
| 1D: Patients (service users) report positive experiences of the service | **PEQ Feedback January 2024 – December 2024:** Talking Therapies: **28,957** responses (78% good or very good rating)Physiotherapy: **24,098** responses (88% good or very good rating) Dermatology: **5,399** responses (85% good or very good rating) We gather feedback primarily through two different methods.  Firstly, we have the Friends and Family Test (FFT) Questionnaire. This is a questionnaire that is included on a link on any discharge form sent to patients, whatever stage they finish with the service. This breaks down individuals by some, but not all, PCs. We track gender identity, sexual orientation, age, and ethnicity. These questions are not mandatory so are not always answered, but generally we get a good level of response (around 10% response rate). Through this we could of course break down data and feedback by different groups, which we have done in the past. In 2024 we received approximately **58,454** completed forms through this method, and completion is voluntary.  Secondly, we have the Patient Experience Questionnaire. This is a questionnaire that is ideally sent at the end of an assessment, and at the end of treatment. These are anonymous when returned so we are not able to easily track any demographic information. We typically get about a 10% response rate for these forms, which works out as similar to the FFT. However, these are not sent out automatically and rely on the clinician remembering to tick a box, so may not be offered as routinely as the FFT. Whilst these are our main two methods of capturing feedback, we also get ad-hoc feedback whilst out and about in our roles which we will feed through the appropriate channels and bring to Clinical Lead /Senior Management Team when needed. We also run surveys, focus groups and events where we capture feedback that we use to help inform any changes that might be coming up in our service.  | **Score: 2 (Achieving)**Last year’s score: 2 (Achieving)**Feedback to improve:** * Consider incentives for patients to leave feedback.
* A “you said – we did” style page on the website to document what is being done with feedback and show how it is used to improve the service for patients.
 | Service Lead – BNSSG, BNB, K&M, WE, LLR, Notts, Newcastle, Bromley & Lambeth, Pennine, Derm |
| **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 | * Establishment of centrally funded Health & Wellbeing roles within the EDI (Equality, Diversity, and Inclusion) & Sustainability team in addition to the existing H&WB Service Champions.
* Revamping of the employee Health & Wellbeing Hub.
* EAP Resources: Wecare, MyStrength, Benenden Health EAP, Silver Cloud Programmes, Financial Guidance, Nutrition information.
* Mindfulness for Wellbeing weekly live sessions.
* Yearly Health & Wellbeing Calendar
* Yearly Walking Challenge
* Wellbeing Action Plans.
* Menopause groups and drop-ins available for colleagues.
* Live webinars delivered on nutrition and pain management by both internal and external speakers.
* Reasonable Adjustment Policy improvement including improved Workplace Adjustment Passports and appeals process.
* Access to OH Support where needed.
* Mental Health Advocates initiative.
* Freedom to Speak Up Guardians.
* Health and Wellbeing Newsletter.

  | **Score: 2 (Achieving)**Last year’s score: 1 (Developing)**Feedback to improve:*** Last year EDS feedback stated that colleagues didn’t know how to access it. This year, the feedback is that colleagues are aware but not given the time needed to access it.
* Challenges such as walking challenge are good, however these will not capture those who are less motivated/burned out. Is there an adapted challenge? Can we think about ways to cater to them through this or other HWB initiatives?
* Teams do not feel that they have time to talk in their workplace. We need to build in permissions for friendship in the remote/MS Teams based working day.
 | Director - HR |
| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source  | Departments answer to question in 2022 Employee Survey (2023 survey results not yet available):* Admin and Support Roles – **75.7%**
* MSK – **83.34%**
* BNSSG – **87.68%**
* LLR – **86.76%**
* WE – **96.29%**
* B&B – **81.81%**
* AQPs – **80.95%**
* Newcastle – **82.35%**
* Dermatology – **54.54%**
* Kent & Medway – **92.59%**

Relevant EDI Policies/Initiatives:* Bullying & Harassment Policy
* Code of Conduct Policy
* Equality and Diversity in the Workplace Policy
* Freedom to Speak-Up Guardians
* Speak Up 10@10 with Derrick Farrell (CEO)
* Microaggressions training/guidance
* Reset & Mediations Guidance
* WDES/WRES
* Zero Tolerance Policy
 | **Score: 2 (Achieving)**Last year’s score: 1 (Developing)**Feedback to improve:** * Implement ways that colleagues can raise when they are having a difficult week. KPIs are a big focus and therefore colleagues may feel anxious to communicate anything that could get in the way of meeting these.
* Consider a review process following reset & mediation, a check in a few months down the line to ensure that the process has been beneficial.
 | Director - HR |
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | Support and advice options:* Freedom to Speak Up
* Diverse-Ability Network
* LGBTQIA+ Inclusion Network
* Race Equality Network
* WITA (Women in Vita)
* Wellbeing Champions
* EAP Support
* Occupational Health referrals
* EDI Champions within services
* Wellbeing Champions
* Mental Health Advocates

Health and Wellbeing Inductions being presented to all new starters offering full walkthrough of EDI and H&WB offerings, both internally and through Benenden/WeCare/etc. to colleagues and how to access these.  | **Score: 2 (Achieving)**Last year’s score: 1 (Developing)**Feedback to improve:*** A way for teams and their line managers to check-in. How are you feeling today from 1-5?
* Incentivise champion/network chair/general development. Consider reductions in clinical caseload.
* Improve comms around improvements in services, wins and when good practice exists.
 | Director - HR |
| 2D: Staff recommend the organisation as a place to work and receive treatment | **“I would recommend my organisation as a place to work and receive treatment” -Departments answer to question in 2024 Employee Survey:*** Admin and Support Roles – **83.17%**
* MSK – **96.49%**
* BNSSG – **58.69%**
* LLR – **77.20%**
* WE – **66.66%**
* B&B – **77.27%**
* AQPs – **76.19%**
* Newcastle – **63.34%**
* Dermatology – **100%**
* Kent & Medway – **82.96%**
 | **Score: 2 (Achieving)**Last year’s score: 3 (Excelling)Feedback to improve:* Consider HR colleagues, potentially with EDI support reaching out to those on long term sickness for check in, if requested by the colleague as an alternative to line managers.
 | Director - HR |
| **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 | Statement by Director of Performance, Planning, and Insight: * “Delivery of our Older People Service Delivery Improvement plan in our Bristol, North Somerset & South Gloucestershire service – the delivery of this programme of work has expanded over the last year and has also involved system wide partnership within the localities to ensure we prioritise the needs of this client group. The programme has been built on ideas and feedback from our participation community. Record of the progress made to date in this area has been captured in our Quality Improvement Plan and hence is reported to our Executive Management Team for oversight.
* Expansion of our Talking Therapies services in the Kent & Medway locality has required the recruitment to a new Service Lead position. Like with all roles, interviews were carried out for this role with a diverse panel of existing VSM staff thereby continuing to support our diversity agenda.
* As a VSM I also further demonstrate my commitment to this agenda by attending EDI training & actively seeking out training opportunities for our staff to further enhance their learning. Examples of these include – commissioning bespoke training from an LGBTQIA+ charity to further enhance our therapist understanding of the most helpful ways to engage with this community. This training was also attended by VSM.
* The equality & diversity agenda is a regular topic of discussion on our social media platforms both internally and externally. I am aware of VSM who routinely post content or visibly engage with EDI related content that is posted by others on internal communication channels such as Yammer, staff communication via e-mail and our social media platforms. In my view this supports and demonstrates our organisation’s commitment to this agenda whilst also evidences how as leaders we model desired behaviours by indicating an interest in EDI, promoting its importance to the wider business and amplifying the voices of others.
* A further example would be VSM involvement with EDI policy development/sign off/ratification – examples of this would include EDI informed reasonable adjustment policy. The latter has been re-launched across the company in response to staff and VSM feedback.”

Mandatory sexual harassment training produced for all colleagues and additional mandatory training for managers. Race Equality Week initiative – undergoing Race Equality Matters 5-day challenge. Several board members completed the Big Promise alongside the EDI Team. The CEO and EDI & Sustainability director also produced statements for the Race Equality Matters website as VHG (Vita Health Group) was a featured organisation.All-company comms sent by the CEO following the Southport riots.  | **Score: 2 (Achieving)**Last year’s score: 2 (Achieving)Feedback to improve:* More widely display policies around recruitment.
* Make VHG an attractive employer, particularly for disabled/neurodiverse applicants. “If you’re neurodiverse, this is what you can expect from us” etc. This should be displayed on the ATS as well as our external website and intranet.
* Make VHG an attractive employer for colleagues who speak English as a second language. Staff that have benefitted, perhaps case studies/lived experiences. Could prominently display feedback from colleagues who have undergone Thrive mentorship.
 | Executive Management Team |
| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | Statement by Director of Performance, Planning, and Insight: “I am aware of board or committee papers identifying equality and health inequality related risks and impacts. Examples of this include: * The Operations Board meetings notes and actions log. Alongside this sits a risk & issues log whereby equality & health inequality related risks & impacts are recorded. Mitigations on how to identify these identified risks are included within the log following clear discussions at Operations Board. Any risks identified as greater than 12 are escalated to EMT for their awareness.
* Quality Improvement Plans (QIP) are recorded for all NHS funded services. The plan is devised based on identified unmet need in the area and includes clear steps to enhance service delivery to meet the needs of the population is serves. The information from QIPs (Quality Improvement Plans) is reported to our Senior Clinical Leadership team thereby giving them oversight of any trends and opportunities for shared learning across the organisation.”

Minutes were provided to stakeholders detailing EDI Objectives discussed in monthly Executive Management Team meetings. The Stakeholders also had the opportunity to review several examples of meeting minutes, quarterly reports and information from the People Strategy evidencing EDI being a regular topic of discussion.  | **Score: 2 (Achieving)**Last year’s score: 2 (Achieving)Feedback to improve:* Expand standard kit offering. Perhaps a second list of equipment to support those with a disability or long-term condition.
* Improve measures in place to support colleagues when events such as the Southport riots occur. Ensure that managers are trained and able to support their reports as best as possible.
 | Executive Management Team |
| 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 | Statement by Director of Performance, Planning, and Insight: “Across our organisation multiple levers are in place to manage performance and monitor progress with staff and patients alike including: * Investment into Health & Wellbeing teams across the organisation – led by staff groups to ensure their needs are met with a view to focus on staff retention, reduce burn-out and further promote job satisfaction.
* Listening Groups held by the H&WB team, aiming to give opportunity for colleagues across the organisation to give feedback and talk about their experience in a way that will be fed to the Executive board for response and actioning.
* Freedom to Speak Up Month events with involvement of Derrick Farrell (CEO) in an interview format.
* Launch of our ‘People Strategy’. The over-arching strategy is owned by HR however is led by our Service Leads in each of our services. It builds on the feedback collected from our staff surveys that includes EDI related data.
* Commitment to deliver EDS events requiring system partnerships in each of our services ensuring clear feedback mechanisms are in place with our key stakeholders.
* On-going capturing of Friends & Family and Patient Experience Questionnaires demonstrate our continued commitment to review our performance and how well we are meeting patient need.
* Implementation of positive practice guidelines to address health inequalities and audit against recognised standards – these are clinically led & build on NICE guidance.
* Continued closer working between EDI and HR Senior managers.
* Review of our Governance structures and implementation of a new ‘Business Governance’ structure ensures clear visibility of the performance of each service & whereby key performance indicators are not being met, clear mitigations are listed & implemented.
* Maintenance of many feedback mechanisms include direct routes to access VSM (freedom to speak up, performance and wellbeing meetings, staff network forums, policy development forums, direct email link to CEO for employees).”
* PCREF working group and integration beginning with existing audits/processes such as EDS, WRES and WDES.
*

EDI Measures and Indicators published on external website:* Equality Delivery System
* Workforce Race Equality Standard
* Workforce Disability Equality Standard
* Freedom to Speak Up
* Gender Pay Gap Reporting

Recruitment-based schemes: * Armed Forces Covenant
* Disability-Confident Scheme (VHG is a Disability Confident Leader organisation)
* Ethnicity-Matters Scheme
* Gender-Matters Scheme

EDI & HR-based schemes: * Bullying & Harassment Policy
* Code of Conduct Policy
* Equality and Diversity in the Workplace Policy
* Freedom to Speak Up Guidance
* Microaggressions Guide
* Reset Meetings and Mediation Guidance
* Zero Tolerance Policy
 | **Score: 2 (Achieving)**Last year’s score: 2 (Achieving)Feedback to improve:* WRES/WDES/Staff Survey all had high levels of “unknown”, do not wish to disclose, etc. answers, an increase from 2022 to 2023. Examine why this is occurring and what can be done to make colleagues more comfortable to complete demographic data.
* WRES indicator for colleagues experiencing discrimination at work was high, for racially minoritised colleagues as well as white colleagues and those preferring not to disclose. Review support available for colleagues experiencing discrimination, potentially produce training in the vain of the sexual harassment training – something for colleagues to use to contextualise their experiences.
 | Executive Management Team |
| **Domain 3: Inclusive leadership overall rating** | **6** |  |

|  |
| --- |
| EDS Organisation Rating (overall rating): **22 (Achieving) up from 18 (Developing) in 2023** |
| Organisation name(s): Vita Health Group |
| 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** |
| Alexander Tsoukaris  | 2022 - present |
| **EDS Sponsor** | **Authorisation date** |
| Ishmael Beckford | 22/02/2025 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Domain**  | **Outcome**  | **Objective** | **Action** | **Completion date** |
| **Domain 1: Commissioned or provided services** | 1A: Patients (service users) have required levels of access to the service | * Do more to incentivise a full suite of EDI champions across all services.
* List wait times for self-referral on our external websites so that patients are aware of the time before they receive treatment.
* Mirror good practice across the organisation such as patient materials in a wide range of languages.
 | * Proposal to be produced regarding giving EDI champions protected time for their champion roles.
* This will be escalated to see whether we are able to link patient management system wait times to something on our external website.
* Action plan being produced following EDS listing where records of good practice have been taken.
 | 28/02/2026 |
| 1B: Individual patients (service users) health needs are met | * Consider the use of language in leaflets – not just for different languages. People trying to access the service may be illiterate. Make leaflets as simple and visual as possible, possibly including a QR code which links to our website which then may have more information.
* Consider use of term “wellbeing” whenever possible. This can have a very broad range of meanings and does not have a direct translation in all languages.
* Review DNA policy in some services to ensure this is standardised.
* Consider the use of the term “global majority” as an alternative to RMC or BAME whenever possible.
 | * Leaflets and patient materials to be reviewed, with a view of accessibility and ensuring that a variety of different language options exist, as well as consideration for terminology such as the use of the term “wellbeing”.
* Mirror good practice across the organisation with regards to DNA policy.
* Have conversation within the internal Race Equality Network regarding use of terms – consider aligning to language within the PCREF, etc. Work on evidencing why we use the terminology that we do, while recognising that on an interpersonal level we should use the term that individuals are comfortable with.
 | 28/02/2026 |
| 1C: When patients (service users) use the service, they are free from harm | * Consider ways to evidence that policy is being followed in all circumstances.
 | * Bring audit data regarding complaints/safeguarding incidents to next EDS event.
 | 28/02/2026 |
| 1D: Patients (service users) report positive experiences of the service | * Consider incentives for patients to leave feedback.
 | * A “you said – we did” style page on the website to document what is being done with feedback and show how it is used to improve the service for patients. Also investigate whether smaller pieces such as blog/newsletter style information on the website could support.
 | 28/02/2026 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 | * Build in capacity for more team building opportunities for remote workers.
* Ensure that colleagues feel they can access support without feeling that this will disadvantage them with regards to KPIs.
 | * Review opportunities to improve management of workload and wellbeing.
* Develop campaigns to raise awareness of long-term health conditions.
* Improve awareness of routes for support incl. EDI team, FTSU guardians, etc.
 | 28/02/2026 |
| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source  | * Consider a review process following reset & mediation, a check in a few months down the line to ensure that the process has been beneficial.
 | * Improve awareness of opportunities for staff to access health & wellbeing support.
* Review the bullying and harassment policy.
* Liaise with HR to review opportunities to improve the reset/mediation process.
 | 28/02/2026 |
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | * Incentivise MHA/general development.
* Improve comms around improvements in services, wins and when good practice exists.

  | * Explore opportunities to ensure that colleagues have time to access the support that’s available to them.
* Comms role hiring currently to be in post in early 2025.
 | 28/02/2026 |
| 2D: Staff recommend the organisation as a place to work and receive treatment | * Review support for colleagues on long-term sick.
 | * EDI colleagues to seek full information including evidence to support with EDS delivery.
 | 28/02/2026 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 | * Continue to demonstrate that VSM routinely demonstrate their understanding of, and commitment to, equality and health inequalities
 | * Improve board and senior leadership engagement with EDI initiatives and activities.
* Improve collation of evidence with regards to the EDS.
 | 28/02/2026 |
| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | * Improve measures in place to support colleagues during periods of civil unrest.
 | * Confirm whether there are plans or if training is required for managing staff safety during periods of civil unrest.
 | 28/02/2026 |
| 3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients | * WRES/WDES/Staff Survey all had increased levels of “unknown”, do not wish to disclose, etc. answers, an increase from 2022 to 2023.
 | * Examine why this is occurring and what can be done to make colleagues more comfortable to complete demographic data.
 | 28/02/2026 |

|  |
| --- |
| Patient Equality TeamNHS England and NHS Improvementengland.eandhi@nhs.net |
|  |