NHS
United Lincolnshire
Hospitals
NHS Trust

# United Lincolnshire Hospitals NHS Trust Equality Delivery System Report and Action Plan 2024

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EDS Report and Action Plan 2024

Alison Marriott, Head of Equality, Diversity and Inclusion (acting)

Jennie Negus, Head of Patient Experience

# Contents

# Introduction to the 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. The Trust has followed 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/

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

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report will be submitted by the EDI team via england.eandhi@nhs.net and published on the Trust's website.

## NHS Equality Delivery System (EDS) – Trust Submission Cover Sheet and Approvals

| EDS Lead | Alison Marriott – Head of Equality, Diversity & Inclusion (acting) | | **At what level has this been completed?** The Trust's EDS report has been completed at Trust-level for 2023. Whilst the partnership working began with Lincolnshire Community Health Services NHS Trust in Summer 2023, the two Trusts had already begun work on EDS for 2023-24. The EDI Leads at both Trusts have liaised to identify potential areas of joint-working arising from EDS, NHS EDI Improvement Plans and other statutory & mandatory action plans. | |
|---|---|---|---|---|
| | | | | **\*List organisations** |
| **EDS engagement date(s)** | Domain 1 – Patient Experience Group, April – December 2023<br><br>Domain 2 – Staff-side (am) and Staff Networks (pm) on 9th November 2023. EDI Operational Group (EDIG) members, including Patient Experience, Staff-side | | **Individual organisation** | United Lincolnshire Hospitals Trust |

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| | and Staff Network representatives, 7th February 2024<br><br>Domain 3 – EDIG members including Staff-side and Staff Network representatives, 7th February 2024. | | | |
| | | | **Partnership\* (two or more organisations)** | Not for this reporting cycle – for next reporting cycle, a group approach with Lincolnshire Community Health Services NHS Trust can be scoped. LCHS have adopted a process of self-assessment for a wide range |
| | | | **Integrated Care System-wide\*** | Not for this reporting cycle but under regular review and discussed at Lincolnshire ICB Equalities Forum. |

| | | | |
|---|---|---|---|
| **Date completed** | 31st January 2024 | **Month and year published** | *March 2024* |
| | | | |
| **Date authorised** | Approval Schedule<br><br>EDI Operational Group (EDIG) – 7th February 2024<br><br>People & OD Committee – 12th March 2024 | **Revision date(s)** | *7th February 2024*<br><br>*Quarterly Progress Reviews April-February 2024/25 via EDI Operational Group, in line with EDIG scheduled dates* |

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| | Trust Board – March 2024 | | |
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| Completed actions from previous EDS (2022-23) | |
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| **Action/activity** | **Related equality objectives** |
| **EDS 2022-23 Actions**<br><br>Retender 2023 tender for new Interpretation & Translation contract completed and now negotiating to include additional suppliers on the contract and procedures to follow when main supplier cannot provide that language in the timescale required (languages other than English). Also business case is prepared for a potential solution to non-availability of interpreters in unplanned, urgent situations, to ensure patient safety and improve both staff & patient experience. | Equality Objective 1: Person-centred care is experienced by all, with a well-informed, responsive approach to equality of patient experience and to the reduction of health inequalities<br><br>Equality Objective 2 The information and communication we provide is accessible to all our patients |
| United against Discrimination campaign actions completed and further actions identified | Equality Objective 4: Our Trust is a safe, inclusive place for all staff |
| Improvements in WRES and WDES results in 2023 | Equality Objective 5: The Trust is a place where staff feel a sense of belonging, are offered opportunities to develop and are supported to thrive |
| Menopause support service launched | Equality Objectives 4 & 5 |

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| Carers and Men's network launched | Equality Objectives 4 & 5 |
| **Progress against other identified actions outside of previous 2022 EDS:**<br><br>For further detail of progress against other EDI action plans during 2022- 2023, please visit the Trust's Annual EDI Report, published at: United-Lincolnshire-Hospitals-NHS-Trust-Equality-Diversity-and-Inclusion-Annual-Report.pdf (ulh.nhs.uk) | |

## EDS Ratings and Score Card – Including the Trust's EDS Ratings

Trusts refer to the Rating and Score Card supporting guidance document before they start to score: [EDS Ratings and Score Card Guidance (england.nhs.uk)](england.nhs.uk). Provisional scores are included in this report, for your review and input.

Each outcome is scored, then the scores of all outcomes are added together. This then provides Trusts with their overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below.

**The Trust's provisional EDS Organisation Rating for 2023 is: Achieving**
*In 2022, it was Developing*

For Domain 1 it is: Achieving
For Domain 2 it is: Achieving
For Domain 3 it is: Achieving

**Each indicator for each domain has examples of how the Trust can improve its rating, and the Action Plan has been developed with this in mind.**

| | |
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| **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** |

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| **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** |

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## Domain 1: Patients (Commissioned or provided services)

**Service 1 – Hospice in Hospital, Grantham & District Hospital**

**Service 2 – Shuttleworth Ward, Lincoln County Hospital**

**Service 3 – AMSS, Pilgrim Hospital, Boston**

| Domain outcome | Case study | Link |
| --- | --- | --- |
| • 1B: Individual patients (service users) health needs are met<br>• 1C: When patients (service users) use the service, they are free from harm | Hospice in Hospital | Appendix 1 |
| • 1A: Patients (service users) have required levels of access to the service<br>• 1D: Patients (service users) report positive experiences of the service | Shuttleworth | Appendix 2 |
| • 1C: When patients (service users) use the service, they are free from harm<br>• 1D: Patients (service users) report positive experiences of the service | AMSS | Appendix 3 |

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## Domain 1: Commissioned or provided services

| Outcome | Evidence | Rating | Owner (Dept/Lead) |
|---|---|---|---|
| 1A: Patients (service users) have required levels of access to the service | Please see Shuttleworth case study above and evidence summary at Domain 1\Evidence Summary Domain 1.pdf | 2 - Achieving | Patient Experience |
| 1B: Individual patients (service users) health needs are met | Please see Hospice in Hospital case study above and evidence summary at Domain 1\Evidence Summary Domain 1.pdf | 2 - Achieving | Patient Experience |
| 1C: When patients (service users) use the service, they are free from harm | Please see evidence summary at Domain 1\Evidence Summary Domain 1.pdf | 2 - Achieving | Patient Experience & Patient Safety |
| 1D: Patients (service users) report positive experiences of the service | Please see evidence summary at Domain 1\Evidence Summary Domain 1.pdf | 2 - Achieving | Patient Experience |
| **Domain 1: Commissioned or provided services overall rating** | | 8 | Achieving |

# Domain 1: Commissioned or provided services

## Outcome 1A: Patients (service users) have required levels of access to the service

**Evidence** – Please see Shuttleworth case study above and evidence summary at [Domain 1\Evidence Summary Domain 1.pdf](Domain 1\Evidence Summary Domain 1.pdf)

**Rating** `2 - Achieving`

**Actions for 2024-25:**

- Complete the data actions required in the NHS England statement on information on Health Inequalities:
- Complete and launch Gender Identity Policy (patients), with resources to support effective implementation
- Improve availability of patient equalities data by continuing to take part in ePatient Record (ePR) project
- Ensure appropriate resourcing (skills and time) for patient equalities across the Group model (ULHT & LCHS)
- Support Estates & Facilities team with equality impact assessments and accessibility. Include information such as ramps and hearing loops on patient maps

**Please see Action Plan at end of report for full details of all Actions (SMART)**

## Outcome 1B: Individual patients (service users) health needs are met

**Evidence** – Please see Hospice in Hospital case study above and evidence summary at [Domain 1\Evidence Summary Domain 1.pdf](Domain 1\Evidence Summary Domain 1.pdf)

**Rating** `2 - Achieving`

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**Actions for 2024-25:**

- As for 1B, plus implement a safety-net being Interpretation & Translation services (for example, clinical app-based solution) for emergency, unplanned incidences of unavailability of interpreter from main provider in timely manner.

## Outcome 1C: When patients (service users) use the service, they are free from harm

**Evidence** – Please see evidence summary at [Domain 1\Evidence Summary Domain 1.pdf](Domain 1\Evidence Summary Domain 1.pdf)

**Rating** 2 - Achieving

**Owner** (Department/Lead) – Patient Experience & Patient Safety

**Actions for 2024-25:**

- Ensure new Datix system is accurately and reliably reporting all EDI-related incidents and notifying the EDI team
- Continue to review risk register (EDI-related risks) through EDI Operational Group (EDIG) and establish a bi-annual review of learning from EDI-related patient incidents, via EDIG and PEG.

## Outcome 1D: Patients (service users) report positive experiences of the service

**Evidence** – Please see evidence summary at [Domain 1\Evidence Summary Domain 1.pdf](Domain 1\Evidence Summary Domain 1.pdf)

**Rating** 2 - Achieving

**Owner** (Department/Lead) – Patient Experience

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**Actions for 2024-25:**

- As per all Domain 1 actions above, plus revisit the use of equalities monitoring in Friends and Family Test and other patient/carer feedback mechanisms to enable comparison of experiences, in conjunction with the Data Governance team, to address any previous concerns which led to this option being turned off several years ago.

**Domain 1: Commissioned or provided services overall rating – 8 Achieving**

## Domain 2: Workforce Health & Wellbeing

| Outcome | Data Sources | Evidence | Proposed Rating | Owner (Dept/Lead) |
|---|---|---|---|---|
| 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions | Occupational Health Referral Data<br><br>National Staff Survey (NSS) question 9d<br><br>"My immediate manager takes a positive interest in my health & wellbeing"<br><br>**Trust Average - 65.6% (Improving)**<br><br>**National Average 67.4%**<br><br>NSS question 11a "Organisation takes positive action on health & wellbeing".<br>**Trust Average – 52.3% (same as previous EDS report)** | Please see evidence and data summary at Domain 2\Outcome 2A Evidence and Data by Protected Characteristic.pdf | Achieving – 2 | Head of Occupational Health and Head of Equality, Diversity & Inclusion |

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| | National Average 55.6% | | | |
|---|---|---|---|---|
| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | q13a- Not experienced physical violence from patients/service users, their relatives or other members of the public<br><br>**Overall Trust average 84% (same)**<br><br>**National Average 85% (0.8% worse)**<br><br>q13b- Not experienced physical violence from managers<br>**Overall Trust average 99.1% (0.1% improved)**<br><br>**National Average 99.2% (0.2% worse)**<br><br>q13c- Not experienced physical violence from other colleagues<br>**Overall Trust average 97.8% (no change)**<br><br>**National Average: 98.2% (0.2% worse)**<br><br>q14a- Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public<br>**Overall Trust Average 73.8% (1% improved)** | The Trust's "United against Discrimination" programme continued in 2023. For an update and plans for 2024, please visit United Against Discrimination Update Jan 2024.<br><br>The data for this indicator can be found at Domain 2\Data for Outcome 2b.pdf. This also contains an analysis by protected characteristic, which is required for EDI High Impact Action 6, and the actions in United against Discrimination provide evidence for this High Impact Action too. | Achieving- 2 | Reporting: Nico Batinica, Deputy Director of HR<br><br>Just Culture - Lindsay Shankland, Deputy Director of HR |

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|---|---|---|---|---|
| | **National Average 71.9% (0.7% worse)**<br><br>q14b- Not experienced harassment, bullying or abuse from managers<br>**Trust Average 86.7% never (1.1% improved)**<br><br>**National Average 88.4% (0.1% worse)**<br>q14c- Not experienced harassment, bullying or abuse from other colleagues<br>**Overall Trust Average- 78% (1.2% improved)**<br><br>**National Average – 80% (0.5% worse)** | | | |
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | q13d- Last experience of physical violence reported<br>**Overall Trust Average 63.4% (2.3% improved)**<br>**"Yes, I reported it"**<br><br>**National Average 68.3% (1.8% improved)**<br><br>q14d- Last experience of harassment/ bullying/abuse reported<br><br>**Overall Trust Average 43.7% (1.3%)**<br>**"Yes, I reported it"** | Please see Domain 2\Data for Outcome 2c.pdf for the evidence and data summary for this outcome. | <mark>Achieving -2</mark><br><br>To reach <mark>Excelling</mark>:<br><br>The organisation facilitates pooling union representatives with partner organisations, | Chief People Officer and Staff-side Representatives |

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| | **National Average – 47.4% (0.9% improved)** | | to encourage independence and impartiality. It may be possible to consider this at a later stage in the Group model, with LCHS. . | |
| 2D: Staff recommend the organisation as a place to work and receive treatment | Q23d "If a friend or relative needed treatment, would be happy with the standard of care provided by the Trust"<br><br>**Trust Average: 42.7% (0.8% worse)**<br><br>**National Average: 61.9% (5.1% worse)**<br><br>Q23c Would recommend the Trust as a place to work<br><br>**Trust Average: 44.1% (5.6% better)** | Please see Domain 2\Outcome 2D Evidence and Data by Protected Characteristic.pdf for the data summary for this outcome, | As a place to receive care, to reach Developing, the Trust average would need to increase to over 50%, as per EDS ratings & scorecard.<br><br>To reach Achieving, it would need to be over 70% | Place to receive care: Dr Colin Farquharson<br><br>Place to work: Deputy Directors of HR, supported by Divisional Heads of HR, Head of OD & Learning and People Promise Manager. |

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| | **National Average: 56.5% (1.9% worse)** | | As a place to work, the Trust is improving significantly, and if the quarterly Pulse data is considered, it very closely reaches ==Developing== for EDS, at 49.9% for Quarter<br><br>However, if the quarterly Pulse data is taken into account, it very closely reaches ==Developing==, at 49.6% for Quarter 2 23-24, following an improving trajectory from 45.3% in Q4 22-23, and | |

| | | | 47.2% in Q1 23-24.<br><br>Therefore the proposed rating for outcome 2D is <mark>Developing</mark> | |
|---|---|---|---|---|
| **Domain 2: Workforce health and well-being overall rating** | <mark>Achieving</mark> | | 7 | |

# Domain 2: Workforce Health & Wellbeing

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

**Data sources**
Occupational Health Referral Data

National Staff Survey (NSS) question 9d

"My immediate manager takes a positive interest in my health & wellbeing"

**Trust Average - 65.6% (Improving)**

**National Average 67.4%**

NSS question 11a "Organisation takes positive action on health & wellbeing".
**Trust Average – 52.3% (same as previous EDS report)**

**National Average 55.6%**

**Evidence** – Please see evidence and data summary at Domain 2\Outcome 2A Evidence and Data by Protected Characteristic.pdf

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**Proposed Rating** <mark>Achieving – 2</mark>

**Actions for 2024-25:**

- Can become <mark>Excelling</mark> if the health monitoring data which is now collated by Occupational Health and made available anonymously by all protected characteristics is used alongside anonymised absence data to increase and tailor support to all staff, including those with protected characteristics. **This will also support NHS EDI Improvement Plan High Impact Action 4**. The People Planning & Transformation team are kindly preparing a workforce, areas of deprivation and Primary Care Network map - which will indicate the most prevalent health concerns and inform this action.
- This support should both enable staff to self-manage their health and the Trust will also use it to reduce negative impacts of the working environment.

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

**Data sources** q13a- Not experienced physical violence from patients/service users, their relatives or other members of the public

**Overall Trust average**
**84% (same)**

**National Average 85% (0.8% worse)**

q13b- Not experienced physical violence from managers
**Overall Trust average 99.1% (0.1% improved)**

**National Average 99.2% (0.2% worse)**

q13c- Not experienced physical violence from other colleagues
**Overall Trust average**
**97.8% (no change)**

**Evidence** – The Trust's "United against Discrimination" programme continued in 2023. For an update and plans for 2024, please visit United Against Discrimination Update Jan 2024.

The data for this indicator can be found at Domain 2\Data for Outcome 2b.pdf. This also contains an analysis by protected characteristic, which is required for EDI High Impact Action 6, and the actions in United against Discrimination provide evidence for this High Impact Action too.

Any violence at all from managers is a significant concern in terms of leadership behaviours. In total, 42 colleagues reported experiencing at least one incident in this category, with 5 colleagues experiencing between 6 and 10 such incidents in the previous 12 months, meaning that physical violence from their manager is a regular occurrence in their workplace.

**National Average: 98.2% (0.2% worse)**

q14a- Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public
**Overall Trust Average 73.8% (1% improved)**

**National Average 71.9% (0.7% worse)**

q14b- Not experienced harassment, bullying or abuse from managers
**Trust Average 86.7% never (1.1% improved)**

**National Average 88.4% (0.1% worse)**
q14c- Not experienced harassment, bullying or abuse from other colleagues
**Overall Trust Average-
78% (1.2% improved)**

**National Average – 80% (0.5% worse)**

Bullying, harassment and abuse from other colleagues and peers is an area which the data suggest the Trust should focus on further, across multiple protected characteristics, along with continued support and accountability for managers in terms of their behaviours.

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**Proposed Rating**
Achieving- 2

**Actions for 2024-25:**

Can achieve Excelling, if the Trust can demonstrate that it takes action to penalise those staff who abuse, harass, bully or in rare circumstances, use physical violence against other staff.

Monitoring trends of incidents will also become essential by July 2024 for full implementation of the NHS Sexual Safety Charter.

To achieve excelling, the groups experiencing poorer outcomes, as outlined in the data report, will need to be reporting an improving trend in their experiences in the NSS results

- Fully-imbedding the Just Culture Framework and One Culture – Civility & Respect will further assist improvements for this outcome.

- **NHS EDI Improvement Plan, High Impact Action 6**. • Review relevant data by protected characteristic and set year-on-year reduction targets and improvement plans • Review disciplinary and employee relation processes and where data indicates inequity, take immediate action to drive improvement. This may require insights from trust solicitors • Create an environment where staff feel able to speak out about concerns. Boards are asked to review relevant data by protected characteristic and take steps to ensure parity for all staff • Provide comprehensive psychological support to staff who report being a victim of bullying, harassment, discrimination or violence and ensure staff know how to access this by June 2024: • Have effective policies in place to support staff affected by domestic abuse and sexual violence (DASV). Support should be available for those who need it, and staff should know how to access it.

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

**Data sources** q13d- Last experience of physical violence reported
**Overall Trust Average 63.4% (2.3% improved)**
**"Yes, I reported it"**

**National Average**
**68.3% (1.8% improved)**

q14d- Last experience of harassment/ bullying/abuse reported

**Overall Trust Average 43.7% (1.3%)**
**"Yes, I reported it"**

**National Average – 47.4% (0.9% improved)**

**Evidence** – Please see Domain 2\Data for Outcome 2c.pdf for the evidence and data summary for this outcome

**Proposed Rating** Achieving -2

**Actions for 2024-25:**

- To reach Excelling, the organisation facilitates pooling union representatives with partner organisations, to encourage independence and impartiality. It may be possible to consider this at a later stage in the Group model, with LCHS.

**Owner (Dept/Lead)** Chief People Officer and Staff-side Representatives

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

**Data sources**
Q23d "If a friend or relative needed treatment, would be happy with the standard of care provided by the Trust"

**Trust Average:**
**42.7% (0.8% worse)**

**National Average:**
**61.9% (5.1% worse)**

Q23c Would recommend the Trust as a place to work

**Trust Average:**
**44.1% (5.6% better)**

**National Average:**
**56.5% (1.9% worse)**

**Evidence** –
Please see Domain 2\Outcome 2D Evidence and Data by Protected Characteristic.pdf for the data summary for this outcome,

For both measures, the Trust proactively identifies and compares the experience of different groups with protected characteristics, through the National Staff Survey and Staff Networks, Datix and Employee Relations metrics.

The People Promise Manager and Head of EDI (acting) work closely together to improve areas of differing staff experience

**Proposed Rating** To reach Developing as a **place to receive care**, the Trust average would need to increase to over 50%, as per EDS ratings & scorecard. Currently it would rate as under-developed.

To reach Achieving, it would need to be <mark>over 70%</mark>

As a **place to work**, the Trust is improving significantly, and if the quarterly Pulse data is considered, it very closely reaches <mark>Developing</mark> for EDS (50%), at 49.9% for Quarter 2 23-24, and on an improving trajectory over the two previous quarters too.

Therefore the proposed rating for outcome 2D is <mark>Developing</mark>

**Actions for 2024-25:**

- For both measures, the Trust will continue to proactively identify and compare the experience of different groups with protected characteristics, as part of the wider work to improve National Staff Survey results for these questions.  This will be achieved through the National Staff Survey data analysis, and staff networks feedback, Datix reports, Freedom to Speak Up themes and Employee Relations metrics.
- The People Promise Manager and Head of EDI will continue to work closely together to improve areas of differing staff experience

## Domain 2: Workforce health and wellbeing overall rating – 7 <mark>Achieving</mark>

## Domain 3: Inclusive Leadership

| Outcome | Evidence | Rating | Owner (Dept/Lead) |
|---|---|---|---|
| 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 | Please see data and evidence summary for Domain 3 at: Domain 3\Domain 3 Evidence.pdf | 2 - Achieving | Trust Board |
| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | Please see data and evidence summary for Domain 3 at: Domain 3\Domain 3 Evidence.pdf | 2 - Achieving | Trust Board |
| 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 | The Trust's WRES, WDES, EDS and Gender Pay gap reporting, along with NSS (staff survey) results showed an improving trend in 2023 and action plans were monitored by EDI Operational Group, with upward reporting to People & OD Committee. | 2 - Achieving | Trust Board |

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| | For further evidence for Domain 3c, please see:<br><br>Domain 3\Domain 3 Evidence.pdf | | |
| **Domain 3: Inclusive leadership overall rating** | | <mark>Achieving</mark> | 6 |

| Third-party involvement in Domain 3 rating and review | |
|---|---|
| **Trade Union Rep(s):**<br><br>EDI Operational Group: Corinna Bunn | **Independent Evaluator(s)/Peer Reviewer(s):**<br><br>None |

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# 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

**Evidence** – Please see data and evidence summary for Domain 3 at: Domain 3\Domain 3 Evidence.pdf

**Rating** 2 - Achieving

**Actions for 2024-25:**

- To reach Excelling, Staff Networks to have more than one senior sponsor. To be proposed to Executive Leadership Team (ELT), to consider opting for deputy Executive Sponsors at e.g. Associate Director level.

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

**Evidence** – Please see data and evidence summary for Domain 3 at: Domain 3\Domain 3 Evidence.pdf

**Rating** 2 - Achieving

**Actions for 2024-25:**

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- Complete the actions required in the November 2023 statement on information on Health Inequalities: [NHS England » NHS England's statement on information on health inequalities (duty under section 13SA of the National Health Service Act 2006)](#)
- Provide evidence that equalities and health inequalities are standing agenda items in all board and committee meetings.

## 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

**Evidence** – The Trust's WRES, WDES, EDS and Gender Pay gap reporting, along with NSS (staff survey) results showed an improving trend in 2023 and action plans were monitored by EDI Operational Group, with upward reporting to People & OD Committee.
For further evidence for Domain 3c, please see: [Domain 3\Domain 3 Evidence.pdf](#)

**Rating** <mark>2 – Achieving</mark>

**Actions for 2024-25:**

- Board members ensure that the Trust fully implements the Leadership Framework for Health Inequalities and that the Board EDI objectives are implemented

## Domain 3: Inclusive Leadership overall rating – <mark>Achieving</mark> 6

| Third-party involvement in Domain 3 rating and review | |
|---|---|
| **Trade Union Rep(s):** | **Independent Evaluator(s)/Peer Reviewer(s):** |

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| EDI Operational Group: Corinna Bunn | None |
|---|---|

## EDS Organisational Rating (overall rating)

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

**Total score is 21. 22 is required to reach Achieving overall, however each of the 3 Domains is rated as Achieving.**

Organisation name(s): **United Lincolnshire Hospitals NHS 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 2024

| EDS Action Plan | |
| --- | --- |
| **EDS Lead** | **Year(s) active** |
| Alison Marriott, Head of Equality, Diversity & Inclusion (Acting) | February 2023-February 2024 |
| **EDS Sponsor** | **Authorisation date** |
| Claire Low, Director of People & OD | Trust Board – March 2024<br>EDI Operational Group – 7th February 2024<br>People & OD Committee – 12th March 2024 |

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## Domain 1: Commissioned or provided services

| Outcome | Objective | Action | Completion date | SRO/Responsible |
|---|---|---|---|---|
| 1A: Patients (service users) have required levels of access to the service | To reach <mark>Excelling</mark> and fulfil duties under section 13SA of the NHS Service Act 2006 and the Public Sector Equality Duty 2011. | Complete the actions required in the November 2023 statement on information on Health Inequalities: NHS England » NHS England's statement on information on health inequalities (duty under section 13SA of the National Health Service Act 2006) | 31st March 2025 (two-year cycle) | Sameedha Rich-Mahadkhar |
| | | Complete & launch Gender Identity Policy for patients, with learning resources to support effective implementation. | September 2024 | Head of EDI |
| | | Improve availability of patient equalities data by continuing to take part in | | |

| | | ePatient Record (ePR) process | | |
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| | | Ensure appropriate resourcing (skills and time) for patient equalities across the Group model (ULHT & LCHS) | December 2024 | C Low and K Dunderdale |
| | | Support Estates & Facilities team with equality impact assessments and accessibility. Include information such as ramps and hearing loops on patient maps | December 2024 | Head of EDI & Communications |
| 1B: Individual patients (service users) health needs are met | To reach Excelling and fulfil duties under section 13SA of the NHS Service Act 2006 and the Public Sector Equality Duty 2011. | As above, plus implement a safety-net behind Interpretation & Translation services (for example, app-based solution), for emergency, unplanned incidences of unavailability of interpreter | Aug 2024 – pilot to be complete | Head of EDI, Deputy Chief Nursing Officer, Head of Patient Experience. Funding support required |

| 1C: When patients (service users) use the service, they are free from harm | To reach <mark>Excelling</mark> and ensure reliability of patient safety-related EDI data | Ensure new Datix system is accurately and reliably reporting and sharing <u>all</u> EDI-related incidents with the EDI team. | June 2024 | Head of EDI & Head of Patient Safety |
| | | Continue to review risk register (EDI-related risks) through EDI Operational Group and establish a bi-annual review of learning from EDI-related patient incidents, via EDIG & PEG. | Ongoing and bi-annual review in place by October 2024 | Head of EDI |
| 1D: Patients (service users) report positive experiences of the service | Person-centred care is experienced by all, with a well-informed, responsive approach to equality of patient experience and to the reduction of health inequalities | As per previous Domains, plus:<br><br>Revisit the use of equalities monitoring in Friends and Family Test to enable the above, in conjunction with the Data Governance team, to address any previous | May 2024 | Head of Patient Experience and Head of EDI |

| | | concerns which led to this option being turned off several years ago. | | |
|---|---|---|---|---|

## Domain 2: Workforce health and wellbeing

| Outcome | Objective | Action | Completion date | SRO/Responsible |
|---|---|---|---|---|
| 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions | To reach Excelling and to complete NHS EDI Improvement Plan High Impact Action 4. | Anonymised data on who is accessing the service by protected characteristic (Trustwide - for anonymity) and the reasons for accessing the service to be made available by Occupational Health.<br><br>Data to be used alongside anonymised absence data to increase and tailor support to all staff, including those with protected characteristics. **This will also support NHS EDI Improvement Plan High Impact Action 4**, for which the People Planning & Transformation team are kindly preparing a workforce, areas of deprivation and Primary Care Network map, which will indicate the most prevalent health concerns in the areas where our staff live. | June 2024<br><br>August 2024 | L Shankland<br><br>N Batinica |

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| | | This support should both enable staff to self-manage their health & the Trust should also use it to reduce negative impacts of the working environment | December 2024 | L Shankland |
|---|---|---|---|---|
| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | To reach <mark>Excelling</mark> and complete NHS EDI Improvement Plan High Impact Action 6 | For details of the Trust's published WRES and WDES action plans, please visit: NHS Workforce Race Equality Standard (WRES) - United Lincolnshire Hospitals (ulh.nhs.uk) and NHS Workforce Disability Equality Standard (WDES) - United Lincolnshire Hospitals (ulh.nhs.uk) | In line with WRES and WDES objectives | L Shankland |
| | | Continued engagement with the support of the Pride + network to help understand how to best support the health & wellbeing of LGBTQIA+ colleagues, including those whose experiences are not featured in the National Staff Survey due to the data threshold. This is part of the United against Discrimination programme. | Throughout 2024, ongoing | Head of EDI & Pride+ network leads, with Communications support. |
| | | NHS Sexual Safety Charter – work underway | July 2024 | K Dunderdale & Head of EDI |

| | | To ensure data is available demonstrating that appropriate action is taken when colleagues are found to have bullied, harassed, abused or discriminated against anyone | June 2024 | N Batinica |
|---|---|---|---|---|
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | To reach <mark style="background-color:magenta">Excelling</mark> | Trusts who reach Excelling facilitate the pooling of union representatives with partner organisations, to encourage independence and impartiality.<br><br>It may be possible to consider this at a later stage in the Group model, with LCHS. | In line with progress with Group Model | C Low |
| 2D: Staff recommend the organisation as a place to work and receive treatment | To reach <mark style="background-color:lime">Achieving</mark> | Measures:<br><br>Over 70% of staff who live locally to services provided by the organisation do/would choose to use those services.<br><br>Over 70% of staff who live locally are happy and regularly recommend the organisation as a place to work. | National Staff Survey Results 2025-26 | Dr Colin Farquharson<br><br>N Batinica and L Shankland, supported by Heads of Department |

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| | | Over 70% of staff who live locally to services provided by the organisation would recommend them to family and friends.<br><br>Actions: | | |
| | | To use sickness and absence data and data from end of employment exit interviews to identify and implement improvements. Head of EDI has begun to work on this with the People Promise Manager. | September 2024 | People Promise Manager |
| | | The Trust already collates and compares the experiences of BAME, LGBT+ and Disabled staff against other staff members, and now needs to continue to ensure it acts upon the data | | Head of EDI |

## Domain 3: Inclusive Leadership

| Outcome | Objective | Action | Completion date | SRO/Responsible |
|---|---|---|---|---|
| 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 | To achieve Excelling, to support Staff Networks further and to continue to imbed inclusion at all levels of leadership & management in the Trust | Staff networks to have more than one senior sponsor.<br><br>This has been proposed to Executive Leadership Team (ELT) previously, to consider opting for deputy Exec Sponsors at e.g. Associate Director level.<br><br>This will provide additional availability & support to network leads due to the expansion of Group roles in ELT and associated workload. Also, it will develop a pipeline of future executive sponsors.<br><br>Further, it will strengthen staff & patient experience through their inclusive leadership at multiple levels of management & leadership. | April 2024 | C Low and A Morgan |

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| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | To reach Excelling and fulfil duties under section 13SA of the NHS Service Act 2006 and the Public Sector Equality Duty 2011 | As per 1a - Complete the actions required in the November 2023 statement on information on Health Inequalities: NHS England » NHS England's statement on information on health inequalities (duty under section 13SA of the National Health Service Act 2006)<br><br>Evidence that equality and health inequalities are standing agenda items in **all** board and committee meetings. | 31st March 2025 (two-year cycle) | S Rich-Mahadkar<br><br><br>Trust Board & Trust Board Secretariat |
| 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 | To reach Excelling and ensure that progress continues to be made with both workforce and patient EDI | Board members ensure that the Trust fully implements the Leadership Framework for Health Inequalities and that the Board EDI objectives are implemented | Ongoing | Trust Board |

**For all enquiries relating to this report, please contact: Inclusion@ulh.nhs.uk**

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# Appendices

## Appendix 1

| Domain 1: Commissioned or provided services – Hospice in Hospital – Grantham. | |
|---|---|
| Please explain how you engaged with your patients and services users, their carers and representatives?<br><br>Was this different to previous engagement? | Patient referred to the Hospice in the Hospital at Grantham and District Hospital for End-of-Life Care and a place of safety. Referral made by the Community Hospice at Home team in Lincoln which is approximately 30 Miles from the Hospice in the Hospital base at Grantham. The referral was different from previous engagement as<br>previously patients in the Lincoln area would be consider for the Hospice based in Lincoln to enable the patients to be nearer to their home address, relatives, and friends. The Hospice in the Hospital provides services for any patients with Palliative and End of Life<br>Care needs across Lincolnshire, which is the UK's second largest County, the reason why this referral was different from previous engagement was the distance from the Patients normal residence. It is normal and usual to provide Palliative and End of Life Care to patients nearer to their hometown, as most patients want to be nearer to their loved ones and want to be in a familiar place to them. Due to no bed availability in Lincoln and the Safeguarding issues it was appropriate for the admission to come to the Hospice in the Hospital in Grantham for a place of safety and assessment of<br>palliative and end of life symptoms. |
| When did you start engagement with your patients and services users, their carers and representatives?<br><br>Was this different to previous engagement? | Engagement with this patient commenced on day of referral. The patient was able to be transferred from her home address on day of referral with no delays to the admission or commencement of the patients care needs. There was no difference to the normal engagement process, the referral process, review of the referral and decision to admit to the Hospice in the Hospital followed the<br>normal processes. |
| Who was part of your engagement?<br><br>How did you decide who to engage with? | The Hospice at Home team in Lincoln contacted the Hospice in the Hospital (Grantham) to commence the process for admission. The process for admission was completed and following the normal admission process the Patient was accepted for admission.<br>Engagement in this process was simple and straightforward engaging the referring team and the accepting team. The |

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| | admission<br><br><br>process was kept simple and uncomplicated. This enabled facilitation of a swift and timely transfer of care. |
| Please describe any issues or barriers you experienced during the delivery of your engagement | The patient being referred had a protected characteristic under the Equality Act 2010. The patient had shown signs of neglect despite engaging with regular Carers in their assisted living home. The complications with this admission where evident from the start.<br>When admitted and following the admission assessments the patient was found to have multiple areas of pressure damage and<br><br>they had been found on the floor at their home following falling out |

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| | of the bed, time on floor was unknown. Pressure damage did not relate to fall and position of the damage was not in areas where patient had been found. Despite having regular care, it was also evident that concerns had not been raised by the care agency staff, there was some concerns about the relationships that had been formed with the patient's carers who were referred to as "Friends". |
| If you have delivered your engagement differently to your last EDS submission, what impact has it had on your process and outcomes? | Care delivery for this patient was no different to any other admissions to the Hospice in the Hospital. Normal and usual processes were followed for this patient. Although referrals to Adult Safeguarding and the Learning Disability Teams are not a routine part of a patient's admission, the normal risk assessments provide evidence to escalation processes. The evidence that admitting staff were presented with from the risk assessment prompted onward referrals for this patient. Safeguarding and Learning Disability Teams engaged with this patient and with care agency to explore the safeguarding issues raised on admission. Usual and normal visiting was supported by the Hospice, facilitation of an acceptable Nicotine replacement device was implemented to enable the patient with their normal routines. Following management of the patients' symptoms, regular diet and a regular sleeping pattern plans were made for discharge to the most appropriate care setting. |

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| Please provide any other comments | Patient fully engaged with the discharge plans. She understood the reason why she would not return to her assisted living home as there was a requirement for her to receive 24 Hour Nursing care for her ongoing symptoms and health care needs at the end of life.<br>Process of discharge involved the Hospice in the Hospital team, Learning Disability team, Hospice at Home team local to the Nursing Home and the Nursing Home staff who visited the patient whilst at the Hospice. The allocated Nursing Home was near to her old home address which would allow her friends to visit and maintain her normal level of socialisation with those people who were part of her normal social circle. |

Appendix 2

Equality Delivery System 2023
Case Study

# Domain 1: Commissioned or provided services

| Organisation Details | |
| --- | --- |
| **Name of organisation(s)** | United Lincolnshire NHS Trust |
| **Type of organisation(s)** | Acute Trust |
| **Senior Responsible Officer (SRO)** | |
| **SRO organisation and contact details** | |
| **SRO contact details** | |

| Name of Organisation | Last EDS2 publication date | Name of Organisation | Last EDS2 publication date |
| --- | --- | --- | --- |
| | | | |
| **Name of Organisation** | **Last EDS2 publication date** | **Name of Organisation** | **Last EDS2 publication date** |
| | | | |
| **Responsible Officer(s) – please list one for each NHS organisation** | | | |

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# Domain 1: Commissioned or provided services – **Engagement**

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| Please explain how you engaged with your patients and services users, their carers and representatives?<br><br>Was this different to previous engagement? | In November 2023 the Trauma and Orthopaedics Division opened a Trauma assessment Unit (TAU) at Lincoln County Hospital located within Shuttleworth Ward (SW). The assessment unit cares for muscular skeletal (MSK) trauma orthopaedic adult patients who normally would be seen and treated within the Emergency Department (ED) or UTC.<br>A Standard Operating Procedure (SOP) has been developed and updated to outline the procedures to be followed for the daily operation of the unit.<br><br>It defines the roles and responsibilities of the staff to support the safe and effective admission, assessment and treatment or plan for MSK trauma adult patients at the Trust.<br><br>By adhering to this SOP, United Lincolnshire Hospital Trust will benefit from the following:<br><br>&#10div; The efficient and effective management of MSK trauma orthopaedic patients<br>&#10div; Reduced length of stay<br>&#10div; Timely admission<br>&#10div; Improved time to admission from decision to admit<br>&#10div; Early medical assessment by consultants<br>&#10div; Improve patient experience<br><br>The TAU will consist of 5 recliner chairs for patients to be seated in and 1 trolley for examination of patients. The TAU operates Mon-Fri 8-4 pm with an experienced Orthopaedic Registered Nurse based within the unit.<br><br>Trollies and recliners will be used flexibly to accommodate MSK trauma orthopaedic patients. This will be managed via the Trauma Coordinator based on flow in liaison with the following:<br><br>• On call MSK trauma orthopaedic team |

- Ward Nurse in Charge
- Bed managers

Suitable patients will be identified for transfer to TAU using either of the following 3 pathways:

➢ Orthopaedic Consultant/Senior review in Clinic 11 identifies the patient as meeting the criteria for TAU
➢ Orthopaedic Consultant/Senior review in A&E identifies the patient as meeting the criteria for TAU
➢ Patients that are scheduled for surgery that need to be admitted from home

All Patients must have the same timely access to diagnostic procedures as they would if they were being treated/managed through an ED pathway. The Trauma Coordinators will liaise closely with the TAU Nurse and bed managers to arrange the transfer/admission of all patients into the TAU. Patients will be transferred to TAU and will be either discharged dependent on diagnostic results or admitted requiring treatment.

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| **When did you start engagement with your patients and services users, their carers and representatives?**<br><br>**Was this different to previous engagement?** | The purpose of the TAU is to improve patient experience by reducing the patient waiting time and improving the flow from the Emergency Department/UTC, avoid unnecessary admittances to hospital significantly improving the patient experience and reducing the risk of hospital acquired illnesses and injuries. Our engagement starts on admissions to ED where patients are suitable for transfer to the TAU. Previously patients waited in ED to be seen by the on call Orthopaedic team. Either discharges from the ward or waited for an inpatient bed in ED thus contributing to the ineffective overall patient flow in the hospital<br><br>. |
| **Who was part of your engagement?**<br><br>**How did you decide who to engage with?** | A 79 year old female was accepted by the orthopaedic team for transfer to the TUA from ED. On arrival to the TAU the on call consultant reviewed the patient and the plan was for – Patella x-ray, Analgesia, bloods.<br><br>The patient was taken down to X-ray, x-ray reviewed by the consultant as he was on the ward completing a ward round,  no fractures was seen on the x-ray plan for physio, mobilise with a knee splint, home when safe.<br><br>Physio are based on the ward, reviewed the patient, and discharged. Due to social circumstances patient was referred to the Air team who assessed in the TAU and planned for a transitional care bed. The patient was accepted by Transitional care, discharged form TAU to the Discharge Lounge to await transport. This patient journey was approximately 1 hour and 30 minutes from admission to TAU to D/Lounge. |

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| Please describe any issues or barriers you experienced during the delivery of your engagement | Due to the new environment in the TAU no barriers was experienced due to Patient been seen in the TAU. It is a clam environment that the patient sit on a lavender recliner. The patient curtains around the cubicle are baby blue thus contributing to a calm environment. |
| | One nurse caring for the patient hence x-ray was arranged and the nurse was able to take the patient to the x-ray. The TAU nurse was able to assess the patient and refer to the Air team, Physiotherapy and the consultant on the ward. Thus reducing delays such as waiting for porters and x-ray reviewed quickly as the Consultant available on the unit and he was able to feedback the decision to the TAU nurse immediately. |
| If you have delivered your engagement differently to your last EDS submission, what impact has it had on your process and outcomes? | TAU is a new service supported with a Standard Operating Procedure.  The purpose of the TAU is to improve patient experience by reducing the patient waiting time and improving the flow from the Emergency Department/UTC, avoid unnecessary admittances to hospital significantly improving the patient experience and reducing the risk of hospital acquired illnesses and injuries. |
| | Currently we are auditing patient feedback via counting compliments, however we are now in process of formulating a patient feedback sheet for every patient that attends the TAU. This will help improve the new service and contribute to improving patient experience. |
| Please provide any other comments | |

## Domain 1: Commissioned or provided services – **Evidence**

| | |
|---|---|
| Please describe the sources you have used to collate your evidence.<br><br>Why have you used these sources? | |
| Have you identified any new sources of data and information?<br><br>What type of impact has this made? | |
| Please provide any information on difficulties and/or barriers you experienced whilst collating evidence? | |
| Please provide any other comments | |

Appendix 3

# Equality Delivery System 2022
# Case Study

# Domain 1: Commissioned or provided services

| Organisation Details | |
|---|---|
| **Name of organisation(s)** | United Lincolnshire Hospitals NHS Trust |
| **Type of organisation(s)** | Acute |
| **Senior Responsible Officer (SRO)** | |
| **SRO organisation and contact details** | |
| **SRO contact details** | |

| Name of Organisation | Last EDS2 publication date | Name of Organisation | Last EDS2 publication date |
|---|---|---|---|
| | | | |
| **Name of Organisation** | **Last EDS2 publication date** | **Name of Organisation** | **Last EDS2 publication date** |
| | | | |
| **Responsible Officer(s) – please list one for each NHS organisation** | | | |

## Domain 1: Commissioned or provided services – **Engagement**

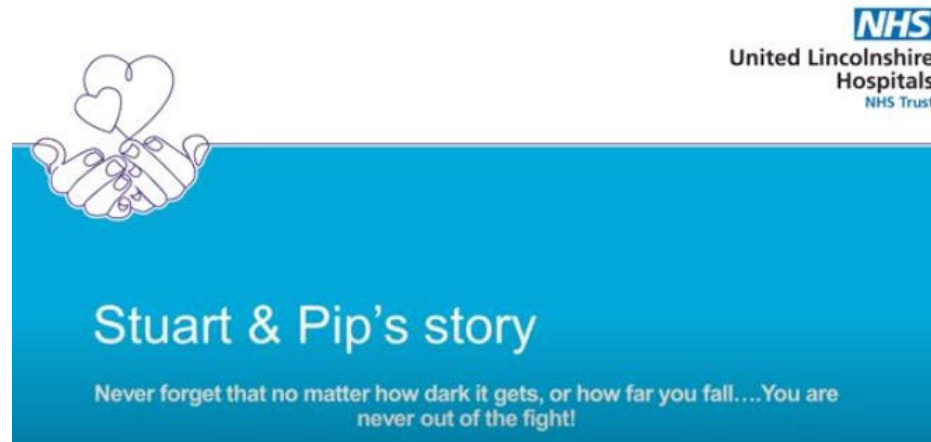| | |
|---|---|
| Please explain how you engaged with your patients and services users, their carers and representatives?<br>Was this different to previous engagement? | The Acute Medical Short Stay unit (AMSS) is located at Pilgrim Hospital in Boston. Patients are admitted primarily from the Emergency Department and length of stay is usually short whilst they undergo tests and consultations to determine the best pathway through care for them.<br><br>At ULHT much work has been done over the last 2 years to create a library of digital stories that can be used to share patients and staff experiences for learning, awareness and for improvements. This case study is one such story that was crafted by Pip who is Stuart's wife regarding his stay on AMSS and was shared at Trust Board in December 2023.<br><br>What is different in our storytelling is that we use the words and feelings and experiences of our patients and staff and not us as professionals telling the story from our perspective – the story belongs to the patients.<br><br>The story describes how Stuart went to the Emergency Department in August 2023 with pin and needles in his right arm and following an admission, he was diagnosed with high grade multi focal glioblastoma on 11th September 2023 that was inoperable.<br><br>The couple have been together for 17 years and have never had the time to get married.  The staff on AMSS knew how important it was for them both, so they made this happen and pulled together with the help of the chaplaincy team they organised a legal emergency wedding in two days which was attend by their family and staff.<br><br>The story also shows what happens when a ward make a call to the chaplaincy teams and the steps required to allow for an emergency wedding in a hospital setting to be undertaken |

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| When did you start engagement with your patients and services users, their carers and representatives?<br><br>Was this different to previous engagement? | The Patient Experience Team are known for the creation of stories and come across stories both through their day to day working with patients and hearing about their experiences as well as staff contacting the team for help to craft a story.<br><br>The team work with the staff and patients, explain the process and seek their consent for what they wish to share and how – in essence the patients are the playwrights and scriptwriters and the Patient Experience Team are the film technicians and producers. |
| Who was part of your engagement?<br><br>How did you decide who to engage with? | To develop the story the core people were Stuart and Pip. In addition the nursing and therapy staff on AMSS led by the ward sister and her deputy and importantly the hospital Chaplain who led the legal, pastoral and ceremonial aspects of the emergency wedding. Decisions on who to engage with were led by Stuart & Pips story. |
| Please describe any issues or barriers you experienced during the delivery of your engagement | There were two difficult areas which weren't barriers as such but were a challenge. Firstly the urgency of the task of scheduling an emergency wedding. This requires legal aspects to be addressed such as permissions from the Registrar and the practicalities of associated arrangements. Secondly Stuart's condition was deteriorating fast and it was important that this change in his condition was considered as was his capacity and permissions. It is not to be overlooked either that AMSS is a hugely busy environment with a rapid turnover of patients who usually stay only 24 or 48 hours and is often short-staffed but staff stayed late and came in early to make this happen for Stuart and Pip. |
| If you have delivered your engagement differently to your last EDS submission, what impact has it had on your process and outcomes? | As an organisation we started to create stories digitally in 2020 when the pandemic reduced face to face story presentations at Trust Board and quickly appreciated that in doing so we had developed a legacy and longevity to the stories being told. Being able to 'store' them in our intranet library meant staff could continue to access them and they could be shared at other forums and not lost to the moment of a single meeting. There are now 29 stories in the library and new ones added at least alternate months. |

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| Please provide any other comments | Pip's closing words on her story were: 'Never forget that however dark it gets, or how far you fall....you are never out of the fight'. |
|---|---|
| | Stuart died peacefully just 2 weeks later on 16th October at St Barnabas hospice with Pip and his sons by his side. |
| | The best way to understand Stuart and Pips story is to watch it here: |
| |  |
| | Stuart & Pip - Our story on AMSS at Pilgrim Hospital (youtube.com) |

# Domain 1: Commissioned or provided services – **Evidence**

| | |
|---|---|
| Please describe the sources you have used to collate your evidence.<br><br>Why have you used these sources? | |
| Have you identified any new sources of data and information?<br><br>What type of impact has this made? | |
| Please provide any information on difficulties and/or barriers you experienced whilst collating evidence? | |
| Please provide any other comments | |