

Classification: Official

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# NHS Equality Delivery System 2022

## EDS Reporting Template

Version 1, 15 August 2022

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# 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 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 should be submitted via [england.eandhi@nhs.net](mailto:england.eandhi@nhs.net) and published on the organisation's website.

## NHS Equality Delivery System (EDS)

<b>Name of Organisation</b>	Shrewsbury and Telford NHS Trust	<b>Organisation Board Sponsor/Lead</b>		
		Rhia Boyode, Chief People Officer		
<b>Name of Integrated Care System</b>	Shropshire Telford and Wrekin			

<b>EDS Lead</b>	Victoria Robinson and Claire Eagleton	<b>At what level has this been completed?</b>		
			<b>*List organisations</b>	
<b>EDS engagement date(s)</b>	Domain 1 – 25 November and 2 December Domain 2 – 14 July PRH & 20 October RSH Domain 3 – 24 November and 16 December	<b>Individual organisation</b>	Shrewsbury and Telford NHS Trust	
		<b>Partnership* (two or more organisations)</b>		
		<b>Integrated Care System-wide*</b>	Shropshire Telford and Wrekin Shared with Shopcom EDI Lead	

<b>Date completed</b>	December 2025	<b>Month and year published</b>	February 2026
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<b>Date authorised</b>	January 2026	<b>Revision date</b>	2026
<b>Completed actions from previous year</b>			
<b>Action/activity</b>		<b>Related equality objectives</b>	
Launch of Wellbeing Champions		Domain 2	
Review of recruitment practices with a disability lens focus to attract and retain top talent		Domain 2	
Positive stories shared about the organisation as a place to work and receive treatment		Domain 2	
Develop a new leadership program to specifically support the growth and professional development of colleagues living with long-term conditions – launching 2026		Domain 2	
Launch of menopause education programme and clinic		Domain 2	
Domain One service action plans developed and implemented.		Domain 1	

## 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 correctly

Score 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 to scores are below

<b>Undeveloped activity</b> – organisations score out of 0 for each outcome	Those who score <b>under 8</b> , adding all outcome scores in all domains, are rated <b>Undeveloped</b>
<b>Developing activity</b> – organisations score out of 1 for each outcome	Those who score <b>between 8 and 21</b> , adding all outcome scores in all domains, are rated <b>Developing</b>
<b>Achieving activity</b> – organisations score out of 2 for each outcome	Those who score <b>between 22 and 32</b> , adding all outcome scores in all domains, are rated <b>Achieving</b>
<b>Excelling activity</b> – organisations score out of 3 for each outcome	Those who score <b>33</b> , adding all outcome scores in all domains, are rated <b>Excelling</b>

## Domain 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 1: Commissioned or provided services</i>	1A: Patients (service users) have required levels of access to the service	<p>Access to service key barriers identified as <u>Location/Travel</u></p> <ul style="list-style-type: none"> <li>• Rural population</li> <li>• Clinics on different sites</li> <li>• Numerous hospital appointments for clinics/tests</li> <li>• Transport</li> </ul> <p><u>Format of Information</u></p> <ul style="list-style-type: none"> <li>• Lack of understanding of reason for referrals</li> <li>• Correspondence</li> </ul> <p><u>Booking appointments</u></p> <ul style="list-style-type: none"> <li>• Transport dependent</li> <li>• Language barriers</li> <li>• Co-morbidities</li> <li>• Patient initiated delays</li> <li>• Capacity</li> </ul> <p>Interpreter services in place across the Trust and hospital transport service.</p> <p>Significant number of projects and improvements underway to reduce accessibility barriers</p>	2	Service Senior Leadership Team

		<ul style="list-style-type: none"> <li>• Volunteer transport to Hollinswood House in Telford</li> <li>• Working with Powys Improving Cancer Journey with initiatives to allow care closer to home including a business case for a specialist nurse.</li> <li>• One Stop Neck Lump clinic in ENT.</li> <li>• Opening of Community Diagnostic Centre.</li> <li>• The ICB have supported a cancer bus tour raising awareness of cancer symptoms.</li> <li>• Lingen Davies working with community champions who are involved with raising awareness of symptoms.</li> <li>• Introduction of patient portal so patients will receive notifications of appointments via text/email</li> <li>• Improve GP quality of referrals to include patient needs</li> <li>• Improvement work with referrals from Emergency Department</li> <li>• Cancer services leaflet to be utilised in primary care to ensure patients are prepared and aware that translation services and transport services are available.</li> <li>• Bookings to flag and arrange any additional requirements</li> </ul>		
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		<ul style="list-style-type: none"> <li>• Cancer care coordinators in primary care</li> <li>• SOP for patient delays where patients that are frequently delaying appointments are contacted by the clinical team.</li> </ul>		
	<p>1B: Individual patients (service users) health needs are met</p>	<p>The Personalised Care Team work with colleagues across all care sectors and people affected by cancer to embed resources and services to support the all around approach to care; as part of the <a href="#">NHS Long Term Plan</a>. This includes the elements for Living With and Beyond Cancer (LWBC):</p> <ul style="list-style-type: none"> <li>• Health/Holistic Needs Assessment and Personalised Care &amp; Support Plan</li> <li>• Treatment Summaries at the end of each episode of care</li> <li>• Living Well Sessions</li> <li>• The Cancer Information, Support and Wellbeing App</li> </ul> <p>Reasonable Adjustments, Communications and Accessibility needs are identified on GP referral and codes and alerts recorded on clinical portal and EPR. Needs are shared and individualised adjustments made to support accessibility to care.</p>	2	Service Senior Leadership Team

		<p>Service capacity improvement work underway.</p> <ul style="list-style-type: none"> <li>• In 2025 2.1 million has been invested in radiology to improve capacity and reporting.</li> <li>• Cancer Services working closely with operational teams to identify gaps in pathways to improve capacity.</li> <li>• Weekly cancer assurance meetings with operational teams to improve capacity.</li> <li>• Community diagnostic centre now fully operational.</li> <li>• Nurse led clinics increasing across all sites.</li> <li>• Teledermatology clinic now in place.</li> <li>• Triomic trial underway.</li> </ul>		
	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>A comprehensive 5 year Integrated Cancer Strategy in place that incorporates the ambitions of the NHS Long Term Plan at the same time as dealing with some of the local challenges faced across STW.</p> <ul style="list-style-type: none"> <li>• Cancer Pathway Coordinators actively ensure that all patients are treated and diagnosed within national targets set by the Government, Where targets can't be met proactive steps taken to</li> </ul>	<p>2</p>	<p>Service Senior Leadership Team</p>

		<p>bring forward diagnostic and treatment schedules.</p> <ul style="list-style-type: none"> <li>• Cancer assurance meeting occurring weekly to prevent clinical incidents.</li> <li>• Cancer Services Data Analyst Team maintain and run live dashboards which provide their trust colleagues with the information they need in real time to help improve patient care along their Cancer pathway.</li> <li>• Breach reports done and validated monthly.</li> <li>• Review and analysis occurring monthly. 104 harm reviews completed – themes include capacity, diagnostic test delays/ reporting delays, administrative issues, patient-initiated delays, complex diagnostic pathways. Level of harm low or none.</li> <li>• Prospective harm reviews occurring.</li> </ul>		
	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>Participation in the annual National Cancer Patient Experience Survey. 2024 score was 8.7 slightly below the national average for patient care. A comprehensive action plan has been developed and shared via multiple</p>	<p>1</p>	<p>Service Senior Leadership Team</p>

		patient experience, quality and oversight committees at Trust and system level.		
<b>Domain 1: Commissioned or provided services overall rating</b>			7	

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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<p style="text-align: center;"><b>Domain 2: Workforce health and well-being</b></p>	<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<p>We offer a wide range of wellbeing support, including psychological, physical, financial, and practical services. Our resources cover various topics, such as health and wellbeing, financial support, obesity, bereavement, and menopause. A significant amount of work has taken place this year to offer further support around the management of the key conditions highlighted in EDS i.e.</p> <ul style="list-style-type: none"> <li>• Weight management support was given 720 colleagues via Slimming World; our bariatric team have offered 110 places to colleagues to understand their relationship with food and nutrition.</li> <li>• NHSE Digital Weight Management Support is now signposted to in our HWB offer for colleagues.</li> <li>• Our in-house psychology team from July 2024-25 conducted 230 individual and 72 team interventions.</li> <li>• New dedicated number for SHOUT Mental Health Charity, for Shropshire Telford &amp; Wrekin residents is signposted to in our HWB resources.</li> <li>• A reasonable adjustment toolkit has been launched.</li> <li>• Stop Smoking Clinics are now held each week for staff with support from the wider Community Teams</li> <li>•</li> </ul>	<p>1</p>	<p>All Leaders – with support from EDI leads, Psychology, HR, BP’s and HWB Lead</p>
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		<ul style="list-style-type: none"> <li>• Menopause Support and Education Programme has been developed internally with funding being obtained externally for a prescribing menopause clinic for staff, in addition a new menopause policy is in place.</li> <li>• Wellbeing walks take place across our sites</li> </ul> <p>We also have ensured that information can be accessed internally and externally by staff as they need it. This is available in many different formats such as articles, quizzes, podcasts, webinars. Also gaining support via text and face to face. We also have a talent portal which has resources on HWB and we actively encourage referral to Occupational Health for support for our colleagues with these conditions, for guidance in managing them at work.</p> <p>Throughout 2025 Women's health boxes were readily accessible throughout the Trust in staff rest rooms and breakout areas.</p>		
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	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>The Trust takes a firm stance on violence, abuse, harassment and bullying of any kind. uses a proactive system to handle violence and aggression:</p> <p><b>Incident Management and Security</b></p> <ul style="list-style-type: none"> <li>• <b>Incident Recording:</b> Security incidents are reviewed individually, and intentional misconduct is logged in a register linked to patient records (<b>SEMA</b>).</li> <li>• <b>Staff Alerts:</b> The electronic system triggers alerts for future visits to warn staff about potentially adverse behaviour.</li> <li>• <b>Deterrence:</b> The Chief Operating Officer (COO) issues formal warning letters to perpetrators. This has proven highly effective; out of 51 letters issued in the last period, only three individuals repeated the behaviour.</li> </ul> <p><b>Staff Support and Recognition</b></p> <p>There is a structured process for acknowledging and helping affected employees:</p> <ul style="list-style-type: none"> <li>• <b>Personal Outreach:</b> The COO sends personal letters to staff physically or</li> </ul>	<p>1</p>	<p>All Leaders – Communications Team, Staff Networks, Psychology, HR and HWB Lead with support from EDI leads</p>
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		<p>significantly harmed by violence (146 letters sent during the reporting period).</p> <ul style="list-style-type: none"> <li>• <b>Wellbeing Resources:</b> These letters provide direct pathways to support, including occupational health, counselling, and line management assistance.</li> </ul> <p>The Trust is committed to several charters and campaigns to improve the workplace environment:</p> <ul style="list-style-type: none"> <li>• <b>Sexual Safety:</b> As a signatory of the <b>NHS Sexual Safety Charter</b>, the Trust adheres to 10 principles to eliminate sexual misconduct.</li> <li>• <b>Civility and Inclusion:</b> Over 1,500 staff members have participated in the <b>Civility, Respect, and Inclusion</b> programme.</li> <li>• <b>Anti-Racism:</b> In collaboration with the Integrated Care System (ICS), the Trust promotes the "<b>Everyone Belongs Here</b>" campaign to improve the reporting and monitoring of racist incidents.</li> </ul> <p>Progress:</p> <ul style="list-style-type: none"> <li>• <b>Freedom to Speak Up:</b> There has been a reduction in concerns themed as "inappropriate behaviours/attitudes" and</li> </ul>		
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		<p>"bullying and harassment" raised to Freedom to Speak Up over the last three years.</p> <ul style="list-style-type: none"><li>• <b>HR Cases:</b> There has been a year-on-year reduction in cases of bullying and harassment reported to HR.</li><li>• <b>Discrimination Meetings:</b> Biweekly discrimination meetings have seen a decrease in the length of time taken to address concerns.</li></ul>		
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	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<ul style="list-style-type: none"> <li>• <b>Mental Health &amp; Stress Support:</b> <ul style="list-style-type: none"> <li>• <b>Staff Psychology Service:</b> Between July 2024 and July 2025, the service handled 427 individual requests for support, providing 230 clinical interventions and 72 team interventions.</li> <li>• <b>Employee Assistance Programme (HELP):</b> A 24/7 confidential helpline offering trained counsellors for home and work-life issues.</li> <li>• <b>Peer Support:</b> Access to a Peer Listening Service, who are trained as Mental Health First Aiders.</li> <li>• <b>Stress Management:</b> Availability of HSE Stress Assessments and a Stress Awareness Toolkit for managers.</li> <li>• New dedicated number for SHOUT Mental Health Charity for Shropshire Telford and Wrekin residents is signposted to in our resources.</li> </ul> </li> <li>• <b>Abuse and Violence Support:</b> <ul style="list-style-type: none"> <li>• <b>Incident Response:</b> The Chief Operating Officer (COO) sends</li> </ul> </li> </ul>	<p>2</p>	<p>All Leaders – Communications Team, Staff Networks, Psychology, HR and HWB Lead with support from EDI leads,</p>
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		<p>acknowledgment letters to staff physically or significantly harmed by violence, offering support via line management, occupational health, or counselling.</p> <ul style="list-style-type: none"> <li>• <b>Specialised Advocacy:</b> Support is available through Professional Nurse Advocates (PNA) and Professional Midwifery Advocates (PMA).</li> <li>• <b>Reporting and Inclusion:</b> <ul style="list-style-type: none"> <li>• <b>Freedom to Speak Up (FTSU):</b> Guardians and Ambassadors are available for staff to raise concerns.</li> <li>• <b>EDI Support:</b> Staff Equality Networks and EDI Champions provide support for discrimination-related stress.</li> <li>• <b>Chaplaincy:</b> Offers "Deep Talks" and spiritual support.</li> </ul> </li> </ul> <p>In partnership with the communication team and staff networks, we deliver a co-ordinated calendar of health and wellbeing awareness activity aligned to national and local equality, mental health and inclusion dates. These are promoted through Trust communications, including signposting or holding events, supported by our staff networks. We have also</p>		
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		partnered with Shropshire, Telford and Wrekin by offering their SHOUT service, a Mental Health Support text service, specific number for Shropshire T&W has been issued and we have now added to our programme.		
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	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>This year we have achieved our Disability Confident leader status and have placed significant effort on understanding and improving the employment journey for colleagues with long term conditions.</p> <p><b>NHS Staff Survey Trends:</b></p> <ul style="list-style-type: none"> <li>Data shows gradual year-on-year improvements in "People Promise" scores from 2021 to 2024.</li> </ul> <p>The 2024 survey achieved the organisation's <b>highest-ever response rate</b></p> <p><b>Reward, Recognition, and Development:</b></p> <ul style="list-style-type: none"> <li><b>Long Service Awards:</b> Afternoon teas celebrating 25, 40, and 50 years of service.</li> <li><b>Apprenticeships:</b> As of March 2025, 202 colleagues were enrolled across 39 different professions.</li> <li><b>Flexible Working:</b> Development of toolkits, masterclasses, and manager briefings to support flexible working conversations.</li> </ul> <p><b>Talent Portals:</b> New resources for career and talent conversations, including the addition of EDI objectives into the process</p>	1	<p>All Leaders – Communications Team, Staff Networks, Recruitment, Psychology, HR and HWB Lead with support from EDI leads.</p>
<b>Domain 2: Workforce health and well-being overall rating</b>			5	

Domain 2 had sessions with colleagues from across the Trust at RSH and PRH. A presentation was given and then scored by those present. They were then able to provide verbatim feedback anonymously via mentimeter to suggest how they felt we could improve the score for next year.

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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<p style="text-align: center;"><b>Domain 3: Inclusive leadership</b></p>	<p>3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities</p>	<p><b>Strategic Leadership &amp; System Integration</b></p> <p>Our commitment to reducing health inequalities is embedded at the highest strategic level:</p> <ul style="list-style-type: none"> <li>• <b>Operational Alignment:</b> As outlined on page 9 of the Operational Plan, we are collaborating with system partners to proactively reduce regional health inequalities.</li> <li>• <b>Executive Visibility:</b> The CEO and Executive team maintain consistent messaging on EDI values, supported by active attendance at Staff Network meetings and EDI Workforce Group sessions.</li> <li>• <b>Board Development:</b> To ensure governance remains inclusive, Board members participate in dedicated EDI development sessions and hold specific EDI performance objectives</li> <li>• Veteran -aware projects and inequality programmes</li> <li>• <b>2. High-Impact Initiatives</b></li> <li>• <b>Project "Everyone is Welcome Here":</b> A focused 90-day initiative designed to foster an immediate culture of belonging across the Trust.</li> </ul>	<p>2</p>	
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		<ul style="list-style-type: none"> <li>• <b>Executive Mentorship:</b> Through the <b>Galvanise</b> program, senior leaders—provide direct mentorship to support the progression of ethnic minority colleagues.</li> <li>• <b>Patient Accessibility:</b> We are dismantling barriers to care by investing in comprehensive translation services and facility upgrades to eliminate digital and physical exclusion.</li> <li>• <b>Enhancing Patient Engagement:</b> We are actively tackling digital exclusion by investing in comprehensive translation services and improved facility accessibility, ensuring equitable care for all.</li> <li>• <b>Empowering Staff Development:</b> <b>Galvanise:</b> Our leadership program continues to provide dedicated career progression support for our ethnic minority colleagues. Results from the most 2024 staff survey indicate that 50.59% of EMG colleagues feel there is progression for them a 4.51% increase YOY and 16% since 2023, providing a foundation for our 2026 expansion plans.</li> <li>• <b>Insight:</b> Launching in 2026, this new program specifically supports the</li> </ul>		
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		growth and professional development of colleagues living with long-term conditions.		
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	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<ul style="list-style-type: none"> <li>• EQIA Impact Assessments <i>all</i> new or revised strategies, policies, and significant service changes.</li> <li>• Progress on the Trusts strategic plan, including the section addressing health inequalities is reported to the Board.</li> <li>• WRES/WDES/High Impact Actions</li> <li>• Gender Pay Gap remains a key focus particularly with work around our Medical and Dental colleagues. The Ethnicity Pay Gap report has been compiled this year and work is taking place to understand and address findings.</li> <li>• The Trust not only has the hospital transformation programme well on its way working with local community's groups to understand challenges and opportunities in the future to enhance care but also the Group Model with Shropshire Community trust during 2026 and 2027.</li> <li>• Equality Impact Assessments (EIAs) are mandatory for service changes, ensuring decisions do not worsen disparities.</li> <li>• May 2025 saw the Trust take part in the system wide campaign of</li> </ul>	2	
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		<p>Everyone Belongs. Supporting and championing inclusivity across Shropshire.</p> <ul style="list-style-type: none"><li>• Corporate papers always link back to a BAF risk that balances equality objectives with patient safety and quality care.</li></ul>		
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	<p>3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients</p>	<p>Board members and senior leaders maintain oversight of key equity standards, including WRES, WDES, Gender Pay Gap reporting, and Equality &amp; Health Inequality (EHI) Impact Assessments. To ensure these standards translate into practice, the Trust utilises a people-focused approach to performance and development through:</p> <ul style="list-style-type: none"> <li>• <b>Integrated Performance Management:</b> Development is driven by regular 1:1 supervision and structured performance reviews. These reviews now feature mandatory EDI objectives within annual talent conversations to ensure accountability at every level.</li> <li>• <b>Performance Management Reviews:</b> EDI are aligned into Divisional plans.</li> <li>• <b>Strategic Alignment:</b> Individual objectives are aligned with organisational goals through the Board, subcommittee meetings, and within the aspirations of our “moving to Excellence” ethos.</li> <li>• <b>Continuous Feedback:</b> Colleague experience is monitored closely via Staff Survey results, people pulse results and the NHS 6 high impact actions, which are reported directly to</li> </ul>	1	
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		the Board to inform ongoing improvements.		
<b>Domain 3: Inclusive leadership overall rating</b>			5	
<b>Third-party involvement in Domain 3 rating and review</b>				
<b>Trade Union Rep(s):</b>		<b>Independent Evaluator(s)/Peer Reviewer(s):</b>		
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For Domain Three the Trust has not been in a position to secure an external validator via Healthwatch or Shropcom. This Domain has been reviewed by the EDI and OD Consultant lead and Associate Director of Leadership, Culture and OD.

<p><b>EDS Organisation Rating (overall rating):</b>  <b>17- Developing</b></p>
<p><b>Organisation name(s):</b>          Shrewsbury and Telford NHS Trust</p>
<p>Those who score <b>under 8</b>, adding all outcome scores in all domains, are rated <b>Undeveloped</b></p>

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**

<b>EDS Action Plan</b>	
<b>EDS Lead</b>	<b>Year(s) active</b>
EDI Leads Across the Trust	2024/ 25
<b>EDS Sponsor</b>	<b>Authorisation date</b>
Rhia Boyode	February 2024

<b>Domain</b>	<b>Outcome</b>	<b>Objective</b>	<b>Action</b>	<b>Completion date</b>
<b>Domain 1: Commissioned or provided services</b>	1A: Patients (service users) have required levels of access to the service	The 3 services reviewed are developing their action plans in response to the feedback	Further session in February 2026 planned to present draft action plans to the service users, patients, staff, community groups, public and stakeholders who took part in the stakeholder events to agree action plans for delivery of these improvements in 2026/27	January 2027

	1B: Individual patients (service users) health needs are met	The 3 services reviewed are developing their action plans in response to the feedback	Further session in February 2026 planned to present draft action plans to the service users, patients, staff, community groups, public and stakeholders who took part in the stakeholder events to agree action plans for delivery of these improvements in 2026/27	January 2027
	1C: When patients (service users) use the service, they are free from harm	The 3 services reviewed are developing their action plans in response to the feedback	Further session in February 2026 planned to present draft action plans to the service users, patients, staff, community groups, public and stakeholders who took part in the stakeholder events to agree action plans for delivery of these improvements in 2026/27	January 2027
	1D: Patients (service users) report positive experiences of the service	The 3 services reviewed are developing their action plans in response to the feedback	Further session in February 2026 planned to present draft action plans to the service users, patients, staff, community groups, public and stakeholders who took part in the stakeholder events to agree action plans for delivery of these improvements in 2026/27	January 2027

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	To ensure that our HWB offer is communicated widely. Ensure all staff, particularly those from underrepresented and minoritised groups, have equitable access to and benefit from health and wellbeing support services	<p>Continue to work with communications team to promote yearly calendar of events</p> <p>Conduct targeted engagement through surveys with disabled staff and minoritised ethnic groups to understand barriers to wellbeing support</p> <p>To encourage HRBP's and HR Advisors to signpost to all Wellbeing Services available.</p>	2026
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	<p>To embed the reduction in violence program</p> <p>Create a safer and more psychologically secure environment where all staff, particularly those most at risk, are protected from harm and supported when incidents occur.</p>	<p>To embed within our Medicine and Emergency Divison evaluate and then rollout to the wider Trust</p> <p>To encourage HRBP's and HR Advisors to signpost to all Wellbeing Services available.</p>	2026

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	To further develop our staff networks  Boost staff morale, engagement, and sense of inclusion, especially among disabled staff, LGBTQ+ staff, and those who prefer not to disclose characteristics.	To encourage participation and involvement making the organisation more inclusive  Monitor staff experience and advocacy data quarterly, using intersectional analysis to track improvement	2026
	2D: Staff recommend the organisation as a place to work and receive treatment	To improve staff engagement and morale by taking actions on issues that matter to all of our people	Divisions to understand their staff survey results in their entirety and by protected characteristic to inform People Plans.	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	<p>Enhance wider health &amp; wellbeing of communities. We will with our partners build a healthier community improving quality of life &amp; creating a sustainable economy to work and live in.</p> <p>All Executive Directors to have an individual objective aligned to EDI and to underpin progress in identified areas such as the growth of staff networks and development of actions linked to Workforce Race and Disability Equality Standards.</p>	<ul style="list-style-type: none"> <li>• Reduce variation in life expectancy within areas of deprivation for both male and female.</li> <li>• Reduce prevalence rates in line with CORE20PLUS5.</li> </ul> <p>EDI Objectives for all as we enter a group model.</p>	<p>2027</p> <p>2026</p>
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Board papers to receive updates on the progress of the Health Inequalities and the growth of staff networks – the impact these groups are having and the direct workforce facing interventions they are responsible for and how these are helping to reduce known inequalities.	Bi annual contributions through established governance reporting	2026
	3C: Board members and system leaders (Band 9 and	Monitor health inequalities with real-time data	Board members ensure that the Trust fully implements health inequalities	Ongoing

	VSM) ensure levers are in place to manage performance and monitor progress with staff and patients			
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