NHS England

NHS Equality Delivery System 2022
EDS Reporting Template

Version 1, 15 August 2022

Contents

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/

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 and published on the organisation's website.

NHS Equality Delivery System (EDS)

Name of Organisation		West Suffolk NHS Foundation Trust (WSFT)	Organisation Board Sponsor/Lead
			Sue Wilkinson and Jeremy Over
Name of Integrated Care System		Suffolk and North East Essex (SNEE)	

EDS Lead	Anna Wilson (Domain 1) Carol Steed (Domains 2 & 3)		At what level has this been completed?	
				*List organisations
EDS engagement date(s)	October 2024 – November 2024		Individual organisation	x
			Partnership* (two or more organisations)	
			Integrated Care System-wide*	

Date completed	February 2025	Month and year published	March 2025
Date authorised	February 2025	Revision date	February 2026

Completed actions from previous year	
Action/activity	**Related equality objectives**
Patient Equity Oversight Group has been established to have oversight of reasonable adjustments at the Trust.	Improving the experience for and supporting those with protected characteristics under the Equality Act 2010.
Translation of surveys into top 5 most used languages. This now applies to all trust-wide surveys.	As above. There needs to be effective feedback methods for all service users to provide feedback.
Every Board member must have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and be assessed against these as part of their annual appraisal process.	EDI objectives for each Board member are set and are ambitious yet realistically contribute towards instigating visible and impactful cultural change within the Trust.
Develop guidance and support around the Equality Impact Assessment (EIAs) process. This includes further guidance for EIA sections on committee cover sheets and communication of why these are important	EIAs are completed consistently and routinely throughout the Trust. There is a greater understanding amongst all colleagues as to the type of EDI considerations that need to be thought about when proposing or reviewing policies or activities, and how assurance can be provided via completion of EIAs

	and providing details of this in committee papers.

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

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

Domain 1: Commissioned or provided services – Radiology Department

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	• **Accessible information** Patient information is provided in different formats for patients with various communication needs, e.g. information can be provided in large print. Whilst the Trust awaits approval of specific accessibility software, translation of patient information can be carried out using telephone interpreting. Easy-read information can also be provided upon request. • **Physical access** An AccessAble guide is available for the department to provide accessibility information. There is doorbell access to the department and staff will assist where required. easy accessibility throughout the Department (flat floors, with no steps), with equipment aids	3	Patient Experience Team

		available if required (e.g. walking frame, patslide, hoist, wheelchair). There is access to a disabled W/C. Rooms within the department have double doors, there are open waiting rooms and dedicated quiet areas. Manual handling aids are available with trained staff and dedicated manual handling leads. Some community locations are available for scanning. The site is wheelchair accessible. Wheelchairs are available at the front of the hospital, or patients can pre book hospital transport. Wheelchair users are transferred with physical help or by hoist, Sara sturdy or turntable. There is easy access into rooms and couches can be lowered as low as possible. The hospital has changing place facilities. • **We identify barriers service users face when accessing services and we support them to overcome these**		

| | | Through engagement with service users and the local community, including those who are more likely to experience poor health outcomes, feedback about barriers to access is being shared and fed into planning/service design and improvement. The public health team work in partnership with the engagement team to identify local priorities and increase access to health.

An x-ray safety form is given to every patient when checking in at the reception. This has been translated into several languages, as well as an overlay being provided for those with sight issues. If a patient presents at the x-ray, MRI or CT receptions, the receptionist notes on the check in form of any special needs or informs the relevant member of staff.

Staff training exists to support patients with additional needs.

Whilst 81% of survey respondents felt that their personal requirements were assessed, there is more work to do to ensure that this percentage increases. Of that 81%, 24% of people did not feel that those requirements were met. | | |

		• **Coordinated care** WSFT is part of the West Suffolk Alliance, which ensures coordinated health services both at the Trust and in locality hubs. We also work as part of an EDI collaborative across the SNEE ICS and are membership of a SNEE group focusing on system-wide equity and inclusion issues.		
	1B: Individual patients (service users) health needs are met	• **Co-production on service changes and developments** We strive to ensure that service users are involved in decisions regarding service changes and developments at the Trust. We do this through the following: • Patient and carer representative network, VOICE • Community engagement • Using feedback from patients views and feedback to inform service design and improvement • **Reasonable adjustments** Patient passports are in place for those with learning disabilities and/or autism, and the Learning Disability & Autism Liaison Nurse supports adult patients across the Trust when they are in hospital.	2	Patient Experience Team

| | | A reasonable adjustments policy is in place for patients with LD/A and work is currently being carried out with regards to a reasonable adjustments policy to include guidance surrounding all patients with a disability.

Patients and their carers are asked what the best and safest way is to transfer/assist them to and from the scanner. Patients are able to visit the department before their scan so they can see what will happen/where they will go.

If patients or carers have specific needs, they can make them known to staff. This will then be noted on their request and actioned on the day of the appointment, or when they arrive in person. Their needs are communicated to the relevant staff prior to the patient entering the scanning/x-ray room.

- **Personalised care**

Part of the NHS Long Term Plan, personalised care is based on what matters most to people and their individual needs.

Shared decision making and consent | | |
|---|---|---|---|---|

| | | Patients and their carers are involved in decisions regarding their care and treatment.

According to the survey responses, 70% of people felt that they were involved as much as they wanted to be in decisions about their care. 8% disagreed with this statement.

In obtaining consent with patients, staff explain their procedure in detail and assess their needs before, during and after their procedure.

Imaging is only performed once the patient has been fully informed of what the procedure involves and gives their implied consent by agreeing to proceed.

Carers are involved as much as possible (e.g. during pre-examination consultation upon arrival) to help assess patients' needs and assistance requirements; their input is invaluable during staff-patient professional communication and interaction.

Patient profiles

Patient profiles are in use across the Trust whereby patients or their loved ones can provide information about the person behind the patient: who they are, what they like/dislike and important information that | | |

		may support them in their appointment by enabling person-centred, individualised care.		
	1C: When patients (service users) use the service, they are free from harm	• **Patients' responsibility for own safety** *CQC rating regarding safety* The last CQC inspection took place in September and October 2019 and rated the Trust as 'requires improvement' in the area of safety. The Trust has implemented significant improvement plans, including early adoption of PSIRF, and transformed the way it manages patient safety and harm. *Local incident reporting system* Monthly safety meetings take place where incidents are discussed, and any learning or actions are fed back to local teams. Quality reports are shared with staff and learning bulletins sent when appropriate. In addition there are regular staff meetings specific to modalities as well as departmental meetings where incidents are discussed. *Patient satisfaction surveys*	2	Patient Safety Team

		Over the past year, 97% of survey respondents either strongly agreed or agreed that they had no concerns regarding safety/ confidentiality during their visit to the department.		

	1D: Patients (service users) report positive experiences of the service	**Patient satisfaction data – PALS, complaints, compliments, surveys**
		
		74 patients completed a survey regarding the accessibility of the Radiology Department:
		
		   ○ 62% of respondents felt that the Department was accessible and met their needs
		   ○ 80% felt that their personal requirements were assessed
		   ○ 69% of respondents felt that they were able to access the Department without discrimination
		   ○ 47% felt that they had been involved as much as they wanted to when making decisions about their care
		
		Any PALS enquiries or complaints that are received which are related to equality, diversity or inclusion (EDI) matters are flagged as such and investigated, including reporting to the Patient Equity Oversight Group which feeds into the Trust Board.
			2	Patient Experience Team

| | | Ongoing patient satisfaction surveys are available at all locations and modalities via paper and QR codes in patient information leaflets and waiting rooms.

There is a specific domain within the 'Quality Standards for Imaging' that requires this to be monitored. Practice is embedded into the department. In addition, there are smaller patient comment leaflets that are used for any positive or constructive comments patients may wish to leave following their visit. These are monitored monthly at the safety meeting. Specific imaging pathway surveys are also performed to ensure the process is continually assessed for improvement (CTC). The department also utilises specific radiologist surveys to assess patient feedback in ultrasound.

Interaction with user groups

VOICE is a network of local community groups, as well as those who have a passion for improving patient experience and contributing to delivery of care. The network feeds back any issues encountered by their members/contacts so that we can work together to make improvements, as well as us engaging with them on co-production, market research and project work. | | |

Domain 1: Commissioned or provided services overall rating			9	

Domain 2: Workforce health and well-being

Domain	Outcome	Data Sources	Evidence	Rating	Owner (Dept/Lead)

| Domain 2: Workforce health and well-being | 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions | Occupational Health

NHS Health and Wellbeing Framework Tool

NHS Staff Survey Results

Staff Wellbeing Team Data

Vaccination Programme | The Trust is actively delivering the actions outlined in our Health and Wellbeing workplan, which sets out over 60 actions across 5 priority areas to enhance the health and wellbeing of all colleagues. One of the areas of priority is empowering our colleagues to take control of their own wellbeing and lifestyle choices. Within this plan, it is recognised that we need to work with many stakeholders, both internal and external, in order for staff to be provided with support to manage such areas of wellbeing concern.

Occupational Health services
The Trust's Occupational Health Service provides a wide range of support for both physical and psychological health and wellbeing, including:

One-to-one appointments to help colleagues remain at | 2 | OD Manager- Health and Wellbeing

Occupational Health

Staff Psychology Team |

<table>
<tr><td></td><td></td><td></td><td>work or return to work following illness or injury
Advice on managing menopause symptoms
Signposting to smoking cessation services
We also run a winter vaccination programme, ensuring all colleagues have the opportunity to receive flu and COVID-19 vaccinations.

Psychological support services
Our internal Staff Psychology Team is available to support colleagues dealing with work-related trauma, stress, or anxiety. They offer a range of interventions to help staff manage their wellbeing effectively.

Discounted wellbeing programmes
In addition to these services, we offer discounted access to wellbeing programmes through partnerships with external providers. For example, our partnership</td><td></td><td></td></tr>
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| | | | with Slimming World offers discounted support for weight management.

Although funding for free staff memberships has ended, the Trust continues to work with Abbeycroft Leisure to provide discounted access to their 12 facilities across Suffolk. This includes access to gyms, swimming pools, fitness classes, and specific health programmes such as COVID-19 recovery and weight management.

Smoke-Free Site Initiative
We are embarking on a Smoke-Free Site initiative to implement a new Smoke-Free policy, transforming both the indoor and outdoor environments of the hospital to discourage smoking. As part of this effort, we are working with external partners and the Public Health team to provide resources for staff, patients, | | |

| | | | | and visitors who wish to quit or reduce smoking.

In addition, the Trust has secured funding to appoint a Smoking Cessation Expert based in the Emergency Department to support patients and visitors. A dedicated Smoking Cessation Expert has also been appointed to assist staff, extending support to our partners, including East of England Ambulance staff and local council employees. | | |
|---|---|---|---|---|---|---|

| | 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | Freedom to Speak up Reports

NHS Staff Survey Results

NHS Health and Wellbeing Framework Tool

Sexual safety charter | The Trust is deeply committed to ensuring that staff are free from any form of abuse while at work. We have seen significant progress, with more staff feeling empowered to speak up about incidents. In 2024, there was a steady increase in the number of cases reported to our Freedom to Speak Up (FTSU) Guardian. Nationally, Acute Trusts reported an average of 36.3 cases per 1,000 colleagues. In comparison, our Trust reported 17.5 cases per 1,000 workers—a notable improvement from previous figures, though still below the national average. Furthermore, our Trust's anonymous reporting rate stands at 11%, which exceeds the national average of 9.5%. While this is encouraging, it also highlights the ongoing need to build further confidence in the reporting process, as anonymous reports can sometimes be harder for | 1 | Freedom to Speak Up Guardian

Organisational Development Team |

				organisations to address effectively. **FTSU promotion** To support the trust with achieving this aim, we have actively promoted the role of the FTSU Guardian and promote the option of using the anonymous reporting line for staff who wish to raise concerns confidentially. The FTSU Guardian has a direct reporting line to the executive leadership team, ensuring that emerging themes are consistently shared and acted upon. **Education and training** Psychological safety principles are now embedded across our Learning and Development programmes, ensuring that all facilitators understand and apply these principles in all training and discussions, regardless of the subject matter. **Unacceptable behaviour policy** In addition, the Trust has implemented an		

| | | | | 'Unacceptable Behaviour Policy' to provide clear processes for addressing inappropriate behaviour. This policy ensures that any incidents are dealt with promptly and fairly, and that staff concerns are taken seriously. **Sexual safety charter** As part of our ongoing commitment to fostering a safe and supportive environment, the Trust has signed the NHS Sexual Safety Charter, pledging to uphold all 10 aspects of the Charter. A formal working group has been established to drive forward actions and continually improve sexual safety across the Trust. | | |

| | 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | NHS England Health and Wellbeing Framework Tool

Staff Wellbeing Team Data

Freedom to Speak up Reports

NICE Guidance: Mental Wellbeing at Work

Sexual Safety Charter | The Trust is committed to ensuring that staff have access to both independent and internal support and advice when experiencing stress, abuse, bullying, harassment, or physical violence from any source. As part of the Trust's People, Culture, and Leadership Strategy, fostering an environment of psychological safety is a top priority.

Staff Psychology Team
To support this, the Trust has a dedicated Staff Psychology Team, available to assist individuals facing stress, bullying, or any other wellbeing concerns within the workplace.
EAP
We have also introduced our new Employee assistance programme partnership in November 2024, which provides 27/7 support to all colleagues with in the moment telephone support and online resources. Our EAP partners can also | 2 | Freedom to Speak up Guardian

Organisational Development Team

Staff Psychology Team |

			signpost individuals to specialist support around domestic or sexual abuse.		

| | 2D: Staff recommend the organisation as a place to work and receive treatment | NHS Staff survey results

NHS England Health and Wellbeing Framework Tool | Staff recommend the organisation both as a place to work and to receive treatment. In the 2023 NHS Staff Survey, 64% of our colleagues indicated they would recommend the Trust as a place to work, an increase of 4% since 2022. We are also committed to creating a positive environment for patients, ensuring that our staff's contributions to patient safety and quality of care are fully appreciated.
Future systems team
To support this, we are starting to deliver "future systems" team working as we prepare for the new hospital. This initiative will focus on assessing the recruitment needs, as well as the digital capabilities and other skills the workforce may require
Leadership responsibility
The executive team regularly reviews data and | 2 | Organisational Development Team

Future systems team

Executive Leadership Team |

			interventions, including progress on our Trust EDI and Health and Wellbeing plans, to continuously improve our staff and patient experience. **Growing for the future steering group** Additionally, the Trust has established a 'Growth for the Future' strategic steering group, which works to identify recruitment and retention trends and develop strategies for improvement.		
		Domain 2: Workforce health and well-being overall rating	7		

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)

Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Each of our four staff networks have a board level Executive Sponsor. They meet with their respective Network Chairs regularly to support the objectives of the network and utilise their privilege and knowledge of the organisation to overcome any barriers to progress. Meetings between all Network Chairs and Executive Sponsors will shortly take place and will provide a space for them to reflect together on their experiences and identify ways forward to ensure that the role of the sponsor remains impactful and there is regular and consistent engagement. All board members have at least yearly engagement with each staff network. This includes attending events organised by the networks and that are included within our organisational development calendar. The Board also invites Staff network chairs to attend meetings to elevate the collective voices of our staff networks, listen to staff stories and experiences and raise/discuss issues. Within our Trust, we have two Staff Side EDI Leads who are Equality Reps for the Unison	2	Organisational Development Manager- EDI Executive Leadership Team

| | | Branch at WSFT. They are the Black members office and the LGBT+ officer. These colleagues attend various meetings (such as Belonging in the NHS, the People and Culture Leadership Group and the Policy Working Group) to advocate for staff and work collaboratively with other stakeholders within the Trust to ensure that progress is being made, and we are being held accountable to the EDI objectives and values we have committed to.

'Board responsibilities' is one of seven workstreams within our inclusion plan. Actions within the workstream are centred around; becoming proactive and deliberate allies, becoming anti-racist and sharing this journey with patients, staff and the public, and working alongside the Organisational development manager-EDI to review relevant data, identify trends and/or areas of concern and prioritise and implement actions.

Every board member has EDI objectives that are SMART and will be assessed against these as a part of their annual appraisal. More generally, from January 2024, all non-medical staff will be asked to identify and set | | |

		an EDI objective as a part of their annual appraisal. In January 2025, the Trust's CEO mentoring programme was launched. It is a positive action initiative to provide a development opportunity for colleagues who are under-represented within our Trust, and to address the lack of diversity and under-representation of certain staff groups in senior roles within our organisation. Clinical and non-clinical colleagues at band 7 and above who identify as Black, Asian, Minority Ethnic, disabled and or LGBTQ+ or are underrepresented in their professional fields due to their gender, were encouraged to apply. The opportunity includes: three 1:1 mentoring conversations, shadowing opportunities and a reflective group exercise.		Coaching and Mentoring Lead CEO

| | 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | The cover sheet for every committee and board paper contains a section on equality, diversity and inclusion where staff are prompted to think about the impact that the proposed action will place upon EDI. Additional questions and prompts were added in Spring 2024 to ensure that colleagues were completing this section fully and to support them to think further about inclusive practices and the impact that their proposed activity may have.

Belonging in the NHS meetings are minuted and recorded and have action logs which are reported upon at the beginning of each meeting. There is also a clear route of escalation through the Trust's governance structure to ensure that issues and/or concerns are raised in other groups for discussion, action and assurance.

In January 2025, phase 1 of our new Equality Impact Assessment (EIA) process was launched. Further supporting resources, including a recorded manager's essentials webinar, are planned to ensure that colleagues feel confident in completing EIAs. Phase 2 of the EIA launch, which will involve the creation of a dedicated EIA PowerApps | 2 | Executive Leadership Team

Organisational Development Manager- EDI |

		to enable the digitalisation of the EIA process, will be live in March 2025.		

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	From January 2025, board members will receive an annual workforce EDI report providing a holistic overview of EDI work, achievements and progress made within the previous year. This will also include updates on the progress made on the actions within the inclusion workplan. The report will also be forward looking and will outline key priorities over the course of the upcoming year. In addition to this annual report, an inclusion workplan update is scheduled for the Involvement Committee in June of each year to ensure that there is a bi-annual opportunity to monitor progress. All non-medical staff are asked to set an EDI objective as a part of their annual appraisal. This is a way for managers to have conversations about EDI with their colleagues. It is also one way for them to regularly check in with their teams, to identify the progress made towards enhancing inclusivity within their working environments in a qualitative way.	2	Organisational Development Manager-EDI Non-Medical Line Managers
Domain 3: Inclusive leadership overall rating		6	
Third-party involvement in Domain 3 rating and review			

Trade Union Rep(s):	Independent Evaluator(s)/Peer Reviewer(s):
Laura Wilkes (Staff side lead)	Comments from last year's submission on additional actions that should be taken to further equality within the Trust: • More diversity of job roles and staff groups reflected within the Belonging in the NHS (formally known as EDI Steering Group) meetings • Inclusive leadership training and mentoring should be provided to Chairs and Co-Chairs of staff network groups. *(added to Trust Inclusion Workplan)* • Specific, in-depth EDI training for Exec Sponsor for Staff Network relating to their respective network. (added to EDS/Inclusion Workplan) • EDI training also required for all members of the Exec Team and Board members (this should include information on terminology) *(existing action within Inclusion workplan)* • EDI and inclusive leadership training for Chairs of all Trust groups and committees Comments from Laura Wilkes: • The above comments from Paul are still relevant. • Unison has three EDI Reps who attend various trust meetings to raise the profile of protected groups, in addition to LGBT+ and Black members, we also have a Women's Officer.

	• Staff networks – their success stands or falls on the commitment of network chairs. Sucession planning for network chairs would ensure consistency and security, which may encourage greater engagement. • Consideration should be given to increasing the protected time afforded to network chairs and whether it would be beneficial to appoint assistant chairs to assist with the workload and provide a degree of succession planning. • Clear boundaries need to be established with network chairs/members and senior leaders as to the remit of the network and where to signpost if a member requires additional support with workplace issues. • The CEO mentoring programme should not be restricted to bands 7 and above, to fully drive home the message that inclusive leadership starts at any level. • EIAs – should be embedded into all organisational change processes and the Organisational Change policy amended to reflect this. Given the number of change consultations currently being undertaken, training for EIAs for managers should be stepped up as a matter of urgency.

EDS Organisation Rating (overall rating): 22
Organisation name(s): West Suffolk NHS Foundation Trust
Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped** Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing** Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving** Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

EDS Action Plan

EDS Lead	Year(s) active
Charlie Firman (Domain 1) Carol Steed (Domains 2 & 3)	2024 - 2025
EDS Sponsor	**Authorisation date**
Sue Wilkinson and Jeremy Over	February 2025

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commission	1A: Patients (service users) have required levels of access to the service	To ensure equity of access to our services and compliance with the Accessible Information Standard	Improve recording of accessible information and/or communication needs for patients by 10%.	December 2025

1B: Individual patients (service users) health needs are met	To recognise patients as individuals and better understand their health needs To involve patients in their own care plans	Finalise and implement reasonable adjustments policy.	March 2025
		Improve recording of reasonable adjustments needs on e-Care by 10%.	December 2025
		Integration of the Patient Profile and development of personalised care plan datasets into e-Care	December 2026
		Review shared decision making survey data on a regular basis and address any areas of concern	As of April 2025
1C: When patients (service users) use the service, they are free from harm	Implementation of the NHS 'Framework for involving patients in patient safety'	Work with SNEE Patient Safety Partners and colleagues to raise awareness of the importance of patients being involved in their own safety.	April 2025

1D: Patients (service users) report positive experiences of the service	To ensure that there are multiple ways for patients to provide feedback	Identify gaps in those who currently provide feedback and work with local partners to engage with those groups.	April 2025
	Ensure that patients feel supported in raising a concern or complaint	Review feedback from patients who have raised a concern or complaint regarding the Radiology Department and ensure clear information is provided about PALS.	June 2025
	Ensuring patients' dignity is maintained and respected at all times	This will be reviewed across the Trust to ensure that plus size gowns are always readily available	May 2025

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 support all colleagues to have access to a range of resources that enable them to develop their own sense of wellbeing, empowering them to take preventative action	- Promote the current interventions that are available to all our colleagues, ensuring that barriers are removed, that may limit their access, when required.	December 2025

2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	To ensure the further development of a culture whereby safe, good quality relationships can be formed to ensure colleagues feel connected to a sense of value, purpose and belonging	- Improve the culture of psychological safety within all working environments, in order to create an environment where staff feel able to speak up and raise concerns by identifying ways to further demonstrate associated safety behaviours. - Enhance current mechanisms to ensure staff who raise concerns are protected by their organisation. - Identify all current peer support networks across the trust and ensure that each network has the ability to support the wellbeing needs of their members including associated governance and structure. - Ensure that individuals wishing to access peer networks and support are empowered to be able to meaningful interact with the networks of their choice and proactively support their own wellbeing & that of their colleagues. - Ensure that workplace reasonable adjustments guidance and request process	March 2025

			is fully embedded into the organisation's practices - Collaborate with FTSU Guardian to investigate the issues highlighted around bullying within staff survey results	

| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | Identify, implement and provide all our colleagues with effective, person centred services, both internally and externally, that enhance their health and wellbeing needs, within a timely manner | - Understand and overcome the barriers to ensuring all available wellbeing interventions are accessible across all staff groups by completing EIA's and monitoring assessment programmes.

- Ensure the effective utilisation of the Wellbeing Guardian role on director level to drive organisational expectations, monitor performance and provide reassurance that the organisation is working towards become a healthy workplace.

- Promote the benefit and purpose of occupational health service, in actively supporting the workforce's overall health and wellbeing by creating a referral help guide.

- Upskill those with supervisory responsibilities in having supportive conversations around adjustments that can be made for individuals | September 2025 |

			experiencing underline health issues and or disabilities. - Embed our newly created pathway to support the trust's response to traumatic events affecting employees, such as the death of a colleague, verbal or physical assault or a pandemic.	

	2D: Staff recommend the organisation as a place to work and receive treatment	To ensure that all colleagues in the organisation feel valued for their contributions and feel empowered to bring their whole selves to work.	- To maintain our NHS Staff survey results, around the specific question of recommended this as a place to work and to receive treatment - To identify, act and review on the feedback gathered from our colleagues, using the NHS England Health and Wellbeing framework tool, on areas of improvement, within the working environment of our colleagues- to ensure they feel valued. - To further develop the upskilling of our managers and leaders, to enable teams to feel safe and valued within their role, whilst being aligned to a sense of purpose. - To use exit interview data, to make improvements to the experience of the workplace	March 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	Board members are confident in understanding what deliberate, proactive and intentional allyship is, and subsequently identify ways to commit and demonstrate this within their own lines of work.	Board members have begun to role model allyship and actively talk about the benefits of allyship as well as champion and sponsor equality staff networks. However, there needs to be greater visibility of this across the Trust. Board members should share details of their work to address and remain committed to tackling inequalities by: writing an bi-annual blog segment on EDI, a bi-annual EDI slot during all staff meetings and by attending and by attending a network (co)chair meeting once a year.	December 2025
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	EIAs are completed consistently and routinely throughout the Trust. There is a greater understanding amongst all colleagues as to the type of EDI considerations that need to be thought about when proposing or reviewing policies or activities, and how assurance can be provided via completion of EIAs and providing details of this in committee papers.	Following the launch of phase 1 of the EIA process in January 2025, create further resources to inform, enable and empower colleagues to confidential completely EIAs. Launch phase 2 of the new EIA process in Spring 2025. This will introduce a streamlined process where the development and implementation of an EIA PowerApp will digitalise the EIA process.	April 2025 April 2025
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in	Ensure close connection between the Trust Board and the VOICE network.	Trust Board members to be invited to every VOICE meeting.	March 2024

place to manage performance and monitor progress with staff and patients			

Patient Equality Team
NHS England and NHS Improvement
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