

Equality Delivery System Reporting

East and North Hertfordshire Teaching NHS Trust

March 2026



Classification: Official

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NHS Equality Delivery System 2022
EDS Reporting
East and North Hertfordshire
Teaching NHS Trust
March 2026

Contents

Equality Delivery System for the NHS.....	2
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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/

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.

Equality Delivery System – The ENHT Team

EDS Completion Team for East and North Hertfordshire Teaching NHS Trust:

Chief People Officer – Penny St Martin

EDI NED – Diana Skeet

Medical Director – Justin Daniels

Engagement Lead – Ryan Fisher

Associate Director – Steve Andrews

Staff Experience Lead – Sean McGeever

L&D Facilitator – Rumbi Chakahwata

Medical Director / Lead on Health Inequalities – Justin Daniels

Patient Experience Lead - TBC

Smoking Cessation (2025) – Bridget Sanders

Sickle Cell Anaemia (2025) – Justin Daniels

Ophthalmology / LD (2025) – Laarni Calonzo, Natasha Simper, Soraiya Brooks

D1 – 3 projects form the newly formed Health Inequality Working Group – Justin Daniels

D2 - Head of Health & Wellbeing – Jennifer West

D2 – Head of Employee Relations – Josie Potts

D2 – Staff Experience – Sean McGeever

Freedom to Speak Up (FTSU) Guardian – Sylvia Gomes

D3 - Head of Corporate Governance – Stuart Dalton

EDS Report 2026 – Evidence List

Domain 1

EDSD1 Doc 1 Smoke Free Policy

EDSD1 Doc 2 Health Inequalities Working Group ToR

EDSD1 Doc 3 Sickle Cell JD

Domain 2

EDSD2 Doc 1 Employees rapid access to clinical services

EDSD2 Doc 2 Evidence publication self care

EDSD2 Doc 3 Promoting mental well being toolkit

EDSD2 Doc 4 self care guide - asthma

EDSD2 Doc 5 self care guide - COPD

EDSD2 Doc 6 self care guide - Diabetes

EDSD2 Doc 7 Self care guide – Obesity

EDSD2 Doc 8 Health Equity Group - TOR

Domain 3

EDSD3 Doc 1 EDI Strategy

EDSD3 Doc 2 EDOSG ToR

EDSD3 Doc 3 Trust Strategy

EDSD3 Doc 4 Cover sheet

EDSD3 Doc 5 Health Inequalities BAF

EDSD3 Doc 6 EIA Form

EDSD3 Doc 7 Spotlight Health Inequalities

EDSD3 Doc 8 Board Coversheet

EDSD3 Doc 9 Board Coversheet

EDSD3 Doc 10 Remuneration Committee

EDSD3 Doc 11 Reciprocal Mentoring

EDSD3 Doc 12 DCGLT Evaluation

EDSD3 Doc 13 Network Sponsors

EDSD3 Doc 14 Inclusion Ambassadors
EDSD3 Doc 15 FTSU Report
EDSD3 Doc 16 Mediation
EDSD3 Doc 17 Wellbeing
EDSD3 Doc 18 EDISG Agenda
EDSD3 Doc 19 EDI Training
EDSD3 Doc 20 Executive GTR Objectives
EDSD3 Doc 21 EDI Workbook
EDSD3 Doc 22 Staff Network Development Plan
EDSD3 Doc 23 Staff Network Genba

Name of Organisation	East and North Hertfordshire Teaching NHS Trust	Organisation Board Sponsor/Lead		
Name of Integrated Care System	TBC	Penny St Martin Chief People Officer		

NHS Equality Delivery System (EDS)

EDS Lead	Justin Daniels, Medical Director (Domain 1) Jennifer West, Head of Health at Work (Domain 2) Josie Potts, Head of Employee Relations (Domain 2) Sean McGeever, Staff Experience Lead (Domain 2) Stuart Dalton, Head of Board Governance (Domain 3)	At what level has this been completed?		
			*List organisations	
EDS engagement date(s)	Confirmation of expectations – Paul Curry – November 2025	Individual organisation	East and North Hertfordshire Teaching NHS Trust	
		Integrated Care System-wide*	TBC	
Date completed	March 2026	Published	TBC	
Date authorised	TBC	Revision date	TBC	

Completed actions from previous year	
Action/activity	Related equality objectives
Domain 1 (Sickle Cell) from 2025 Report	
Work completed to improve the care of patients with sickle cell disease since the EDS 2025 Report (Justin Daniels)	1A
Introduction of a transition clinical nurse specialist (job description as evidence EDSD1 Doc03)	1A
Introduction of patient-controlled analgesia on acute medical unit	1B – 1C
Work to raise awareness in local schools and further education colleges	1A
Work with local university to improve identification of students with SCD	1A
Domain 1 (Smoking Cessation) from 2025 Report	
Smoke Free Sites Policy Approved and now in operation – policy can be seen in EDSD1 01	1A
“Swop to stop” campaigns run during Stoptober	1A
Establishment of Health Inequalities Working Group, to manage this agenda and specific projects going forward – The Terms of Reference are available EDSD1 02	1A

Domain 1 (Ophthalmology)

Complete purple pledge for LD patients

To improve the care, accessibility and communication for disabled, neurodiverse or vulnerable patients

Continue to report any incidents relating to LD patients. To be reviewed through internal governance process and continue to demonstrate learning from any themes, incidents or complaints, through divisional incident review meetings (DIRM).

This is an ongoing process; we continue to report any instances relating to LD and discuss at DIRM

Matron leading working team to embed feedback process

CSW will be tasked with contacting each LD patient by phone to ask for their feedback verbally.

Arrange for safeguarding team to attend next clinical governance meeting regarding LD Completion of Oliver McGowan tier 2 for all nursing team. LD nurses arranging for someone with personal experience of LD for walk around

Safeguarding team have attended the clinical governance meeting, and all staff are booking into the Oliver McGowan Tier 2 training, not just nurses. e-Learning for nurses – 80%| OM Tier 2 – 50.7%

<p>Domain 2 (Wellbeing)</p>	
<p>Use 'When We Do Harm Paper' Healthcare People Management Association (HPMA) to underpin policies to help individuals and not cause undue stress. All policy reviews are undertaken by the SME for the area and consideration given to reducing harm caused to the individuals involved in the issue, whether that is through formal investigations by supporting with triage forms and pastoral care or through the appropriate application of special leave to enable staff to effectively manage personal concerns with compassionate support.</p>	<p>2B</p>
<p>Continue to build on the success of the Management competencies using bitesize sessions via ENH Talent Platform. The training events have continued throughout 2025 with the trainers becoming more confident to provide the sessions on an individual rather than co delivered methodology. This will enable us to expand this provision in 2026 to reach a wider group of leaders within the organisation.</p>	<p>2B</p>
<p>Development and implementation of reasonable adjustment passport for staff. This work stalled pending the change in network cochairs and the need to assess staff stories to really ascertain the issues and therefore appropriate solutions that would be most effective in supporting staff who acquire or have disabilities. Continue working with Employee Relation team to oversee Case Management. Also continue to implement intervention strategies before cases go to disciplinary. Yes this has continued throughout 2025 with triage forms forming a key part of the fact finding stage prior to escalating to formal management.</p>	<p>2B</p>
<p>Development of mediation service to ensure early resolution to cases and concerns. 6 in March 2025. Delays in implementation have occurred due to negotiations with staff side. It is expected this will be launched in Jan 2026.</p>	<p>2B</p>
<p>Development of facilitated conversations and mediation service to support staff with CPD and supervision for mediators. Towards Autumn 2026.</p>	<p>2B</p>

Domain 3 (Inclusive Leadership)	
EDI Steering Group established and includes professional group, subject matter experts, staffside, staff networks and report to the People Culture Committee who report to Board.	3C
The EDI Steering Group has become a respected forum for all EDI work and the EDI Workbook (EDSD3 21) contains a comprehensive updated list of programmes underway across the organisation	3C
Develop staff networks – these are now beyond the protected characteristics as a response to the needs of the organisation	3B
Inclusive recruitment - Tackle discrimination – process review commenced in 2025 and will deliver in 2026	3B
Create comprehensive dashboard to track progress – commenced in 2025 and step 1 completed with step 2 and 3 due during 2026	3B
Clarity on training will provide a pathway for staff	3B
Include EDI objectives in the performance reviews of more senior leaders	3A
Align activity to the NHSE EDI Improvement Plan	3C

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

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

Domain 1: Provided services 1 – Supporting Families in Difficulty

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	This year the Trust established a health Equality Group. We will report of 3 projects and will provide evidence in support	2	Justin Daniels
	1B: Individual patients (service users) health needs are met	See above	2	Justin Daniels
	1C: When patients (service users) use the service, they are free from harm	See above	2	Justin Daniels
	1D: Patients (service users) report positive experiences of the service	See above	2	Justin Daniels
Domain 1: Commissioned or provided services overall rating				

Domain 1: Provided services 2 - Homelessness

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	This year the Trust established a health Equality Group. We will report of 3 projects and will provide evidence in support	2	Justin Daniels
	1B: Individual patients (service users) health needs are met	See above	2	Justin Daniels
	1C: When patients (service users) use the service, they are free from harm	See above	2	Justin Daniels
	1D: Patients (service users) report positive experiences of the service	See above	2	Justin Daniels
Domain 1: Commissioned or provided services overall rating				

Domain 1: Provided services 3 – Unemployed linked to Disability

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 1: Commissioned or provided services</i>	[REDACTED]	This year the Trust established a health Equality Group. We will report of 3 projects and will provide evidence in support	2	Justin Daniels
	1B: Individual patients (service users) health needs are met	Project 1 - Unemployment due to illness – we know that a significant proportion of the population are unable to work due to illness. For a proportion of these people, there will be a single cause and they will be on a waiting list at ENHT for that cause to be remedied. An example would be knee pain preventing a manual worker doing his job. We are working with the Department of Work and Pensions Herts and Essex leadership to establish whether we could put together a project that would prioritise a small number of patients where a faster procedure would allow them to return to work sooner.	2	Justin Daniels

	1C: When patients (service users) use the service, they are free from harm	Project 2 - Homelessness – with pathfinder – have met with pathfinder time – have approached the charity to see if can fund – awaiting response	2	Justin Daniels
	1D: Patients (service users) report positive experiences of the service	Project 3 - Barnardo's in ED – supporting children and families with complex needs - have met with the team from Barnardo's - have approached the charity to see if can fund – awaiting response	2	Justin Daniels
Domain 1: Commissioned or provided services overall rating				

Domain 2: Workforce health and well-being – Jennifer West, Josie Potts, Sean McGeever

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	<p>Staff are supported to manage obesity, diabetes, asthma, COPD, and mental health conditions through occupational health consultations, available via self-referral or manager referrals. Quarterly data on referrals is reviewed for trends. Staff are supported with reasonable adjustments to their working environment and role through advice and support from Health at Work, their line manager and Employee Relations team. ENH-Able network an independent support for staff to contact for advice and help in managing their disabilities at work.</p> <p>There is a rapid access policy enabling colleagues to have assessments and treatment services fast tracked.</p> <p>EDSD2 Doc 1 Employees rapid access to clinical services EDSD2 Doc 2 Evidence publication self care EDSD2 Doc 3 Promoting mental well being toolkit EDSD2 Doc 4 self care guide - asthma EDSD2 Doc 5 self care guide - COPD EDSD2 Doc 6 self care guide - Diabetes EDSD2 Doc 7 Self care guide - Obesity</p>	2	Jenny West

	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>The Trust's values of 'Inclusion, Respect, Improve' guide its commitment to preventing abuse, harassment, and violence. The Dignity and Respect policy addresses these issues, and survey data shows high percentages of staff reporting no experience of abuse, bullying, or violence from patients, colleagues, or managers. Staff receive de-escalation training, and a security lead advises on security protocols. FTSU Guardian is available to provide confidential advice and support to staff who are reporting concerns and how to manage these.</p> <p>Staff report incidents of violence and aggression from other staff on enhance, a review was undertaken by the Head of Employee Relations and Health and Safety lead which concluded that the majority of reports were of a nature appropriately managed by local managers. This was feedback at the Trust Partnership on 5.12.25 where it was agreed that only significant concerns would be forwarded to the People team going forward. Executive members also sit on the Violence and Aggression Group which reviews reports and takes appropriate action against perpetrators where necessary</p>	2	Sean McGeever Josie Potts

	<p>EDSD3 Doc 1 EDI Strategy</p> <p>EDSD3 Doc 14 Inclusion Ambassadors</p> <p>EDSD3 Doc 15 FTSU Report</p> <p>EDSD3 Doc 16 Mediation</p> <p>EDSD3 Doc 17 Wellbeing</p>		
2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	<p>The Policy for reducing stress and promoting wellbeing has been reviewed and updated with a greater emphasis on proactive stress prevention measures.</p> <p>A mental wellbeing toolkit offers resources for prevention and management of health conditions. Self-care guides for Asthma, COPD, Diabetes and Obesity are available on the intranet and promoted by wellbeing champions and in monthly wellbeing events</p> <p>Mental health support is available 24/7 through the Employee Assistance Programme, colleagues can also refer themselves for a support conversation with a clinical psychologist and arrange a reflection session facilitated by a psychologist. Referrals for talking therapies can be made by Health at Work. Mental Health First Aiders and the Spiritual Care Team provide additional support.</p>	2	Jenny West
2D: Staff recommend the organisation as a place to work and receive treatment	<p>Staff can influence improvements in patient care and staff experience through involvement in 8 networks: REACH, Staff Carers, ENH Able, LGBTQ+, Admin, Men's, Women's, and Armed Forces.</p>	2	Sean McGeever Josie Potts

		<p>Avenues such as ask Adam enable staff to highlight improvements and feedback to the chief executive The FTSU guardian and champions provide a cross site avenue for staff to raise concern around staff experience, patient safety plus more.</p> <p>According to the 2023 staff survey, 53.6% recommend the organisation as a place to work, and 60.5% recommend it for treatment. According to the 2024 staff survey,61.5% recommend the organisation as a place to work, and 64.3% recommend it for treatment.</p> <p>According to the 2024 staff survey,61.5% recommend the organisation as a place to work, and 64.3% recommend it for treatment.</p> <p>EDSD3 Doc 13 Network Sponsors EDSD3 Doc 22 Staff Network Development Plan EDSD3 Doc 23 Staff Network Genba</p>		
Domain 2: Workforce health and well-being overall rating				

Domain 3: Inclusive leadership – Stuart Dalton, Steve Andrews

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	<p>Following a management recommendation to Trust Board in March 2023 as part of a well-led self-assessment the Trust commissioned, it was agreed to create a separate EDI strategy, which was developed with Board Development input and approved by the Board in May 2024. The EDI Strategy aligns with the NHSE EDI Improvement Plan and the 6 high impact actions which include Action 1 – ENGAGED BOARD. (Document EDSD3 01 is a copy of the ENH EDI Strategy)</p> <p>In early 2025 an EDI sub-committee of the People & Culture Committee, chaired by a non-executive director, was established to ensure focus on EDI and accountability for delivery of the EDI strategy (Document EDSD3 02 is the Terms of Reference for the EDI Steering Group)</p> <p>The Trust strategy includes four strategic priorities. The first relates to Quality and states, “Consistently deliver quality standards, targeting health inequalities and involving patients in their care.” (Document EDSD3 03 contains the Trust strategic goals 25-26)</p>	2	Stuart Dalton Steve Andrews

		<p>The People & Culture Committee and the EDI Steering Group also receives reports on internal equity disparity data, national reports such as Staff Survey. An EDI Dashboard is under development and associated action will be aligned to the dashboard. The EDI dashboard will be delivered in stages during 2026 and will be connected to the national reporting data, the NHSE EDI Improvement Plan and will monitor ENHT programmes of work.</p> <p>Health inequalities are regularly reviewed at the Quality & Safety Committee.</p> <p>Initiatives like Reciprocal Mentoring, ENHPS (continuous improvement philosophy), and leadership training (ENHPS for Leaders), DCGLT Development Programmes are in place in which the values of the organisation (Include Respect Improve) guide the programme content. Regular training ensures engagement with EDI principles. Senior leaders engage in programs like Senior Leader walkabouts to promote a healthy organisational culture. Executive leaders also sponsor each of our Staff Networks. (Document EDSD3 11 details Reciprocal Mentoring, Document EDSD3 12 is an evaluation of the DCGLT development programme and document</p>		
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		<p>EDSD3 13 list the networks and executive sponsors.</p> <p>Continuous improvements are being made in recruitment processes, focusing on inclusive language, diversity, and accessibility. Our Inclusion Ambassador programme was refreshed in 2025 (document EDSD3 14 highlights the trusts Inclusion Ambassador programme)</p> <p>Ongoing efforts to reduce harassment and bullying with clear reporting processes (e.g., FTSU) and resolution through the creation of a mediation pool. (reference document EDSD3 15 and EDSD3 16)</p> <p>Wellbeing newsletters and resources are part of regular comprehensive wellbeing approach (document EDSD3 17 is an example of the newsletter)</p>		
	<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>	<p>The coversheet template for Board and Committee papers was amended in April 2025 to separate patient and staff inequality impact assessment (Document EDSD3 04)</p> <p>All other Equality Impact Assessments are completed within teams by subject matter experts</p> <p>.</p>	2	<p>Stuart Dalton Steve Andrews</p>

		<p>The priority the Trust Board gives to EDI is demonstrated by tackling health inequalities being made one of the Trust’s top 11 strategic risks on the BAF (EDSD3 05) health inequalities BAF risk to 19 Nov 25 Board], which in turn flows from tackling health inequalities being a key part of one of the four strategic priorities for the Trust (covered in 3A).</p> <p>A rolling agenda item on staff experience forms a key part of the EDI Steering Group and is shared with the People and Culture Committee and Board. An example agenda is included (Document EDSD3 18)</p> <p>Health inequalities remain a priority, with the Medical Director the executive lead. Cultural, leadership, and engagement issues are being addressed through the ENH Academy Management Competencies. (Document EDSD3 19 is an example of the training opportunity)</p> <p>The Board requires EQIAs for policies and proposals. The policy template document expressly requires the responsible manager to affirm EQIA consideration and steps (Document EDSD3 06 p.5 Initial EIA screening form, policy template). These assessments are reviewed and tracked for consistency and effectiveness.</p>		
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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>In addition to the levers in place set out in 3A and 3B above, such as the EDI strategy, EDI Steering Group, reports to People & Culture Committee, the Equities Group and committee coversheet and policy templates:</p> <p>The Chair of the Trust Board has regular individual meetings with the Freedom to Speak Up Guardian to ensure hears directly any emerging themes or concerns.</p> <p>The Board spotlighted the health inequalities risk at November 2024's Board meeting (EDSD3 07 spotlighted health inequalities BAF risk 6 Nov 25 Board). As a result, the Board concluded that there needed to be further dedicated Board Development discussion time on health inequalities. The first 90 minutes Board Seminar discussion in July 2025 invited the Chief Executive of Resolve Poverty to aid Board thinking about health inequalities (EDSD3 08 July 25 Board Seminar agenda covering health inequalities). As a result, the Board supported the creation of a health equities group chaired by the</p>	2	<p>Stuart Dalton Steve Andrews</p>

		<p>executive lead for health inequalities, the Medical Director. There was a follow-up discussion on health inequalities at October 2025's Board Seminar (EDSD3 09 October 25 Board Seminar agenda covering health inequalities). The health equities group has started meeting, with a focus on children.</p> <p>One idea from the Board Seminar which the Equities Group is exploring is the creation of a citizen's advice-type service in our reception area to help people struggling to navigate services.</p> <p>Leadership diversity pipeline and succession-planning has been added to the responsibilities for the Remuneration and Appointments Committee with a first report going to March 2025's committee meeting (EDSD3 10 March 25 Remuneration Committee agenda showing diversity pipeline item), with three non-executive directors from ethnic minority backgrounds appointed to the Board in the last two years.</p> <p>Monthly meetings with trade unions foster collaboration. The annual appraisal process (Grow Together Review) encourages growth, skills gap analysis and redress to achieve organisational goals and achieving the 90% mandated compliance.</p>		
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		<p>Board members oversee WRES, WDES, Gender Pay Gap, and other EDI initiatives. The Staff Survey results which includes intelligence related to EDI for staff goes to Board.</p> <p>EDI objectives are incorporated into executive appraisals and tracked for progress. (Document EDSD3 20)</p> <p>Reports on diversity gaps (e.g., minority and gender-based underrepresentation in senior roles, declaration of disability on ESR) are compiled and reviewed. PALS and patient experience data are also analyzed for further insights.</p>		
Domain 3: Inclusive leadership overall rating				
Third-party involvement in Domain 3 rating and review				
Trade Union Rep(s): Undeveloped		Independent Evaluator(s)/Peer Reviewer(s): Undeveloped		

EDS Organisation Rating (overall rating):

Organisation name(s):

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
TBC	26/27
EDS Sponsor	Authorisation date
TBC	TBC

Domain 1: Action Plan TBC

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service			
	1B: Individual patients (service users) health needs are met			
	1C: When patients (service users) use the service, they are free from harm			
	1D: Patients (service users) report positive experiences of the service			

Domain 1: Action Plan TBC

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service			
	1B: Individual patients (service users) health needs are met			
	1C: When patients (service users) use the service, they are free from harm			
	1D: Patients (service users) report positive experiences of the service			

Domain 1: Action Plan TBC

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service			
	1B: Individual patients (service users) health needs are met			
	1C: When patients (service users) use the service, they are free from harm			
	1D: Patients (service users) report positive experiences of the service			

Domain 2: Action Plan – Workforce Health and Wellbeing – Jennifer West

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Ensure that self-care information reflects current national guidance.	Review and update self-care guides and toolkits by	Autumn 2026
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Organisational Mediation and Facilitated Conversation Programme	Complete training and implementation	Autumn 2026
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source			

	2D: Staff recommend the organisation as a place to work and receive treatment	Improve Staff Survey and FFT results	Team Talks implemented across the organisation following staff survey results in March 26	Summer 2026
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Domain 3: Action Plan – Inclusive Leadership – Stuart Dalton / Steve Andrews

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	Continual development of the staff network project	Board members are sponsors of the staff networks and will support the networks during a development phase which will see them collaborate more with each other and align activity to the organisation EDI objectives	Feb 26
		Expand the aim of having all Board members have an EDI objective in their Grow Together Review to the next level in the organisation	Review GTR objective setting at divisional leadership level	Mar 26
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	An EDI Dashboard will track progress on the EDI Workbook	Information Analysis Team are preparing options for the EDI Dashboard that align with the workforce requirements, the 6 high impact actions of EDI improvement and the EDI Workbook	Mar 26

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	EDI Steering Group – comprehensive refresh of the group through membership reflection on impact and confidence of success. The several strands of work have been combined to create a ENH EDI Workbook.	The first draft of the combined EDI Workbook is available as Document EDSD3 21	Jan 26
	Staff stories will become regular features of the EDI Steering Group managed by the United Staff Network	Launch in 2026 – see draft staff network development plan EDSD3 22	Mar 26
	Staff Networks to partner with senior leaders on Genba Walks through the lens of EDI (senior leadership walkabouts)	A pilot will be run in 2026 – EDSD3 23	Mar 26
	Inclusive Recruitment project overseen by EDI Steering group and senior leadership	Build on the Inclusion Ambassador programme in 2026	TBC