

NHS Equality Delivery System

Name of organisation		Organisation Board Sponsor/Lead	
Norfolk Community Health and Care NHS Trust		Anita Pisani – Deputy Chief Executive	
Name of Integrated Care System(s)			
Norfolk and Waveney ICS			
EDS Lead	At what level has this been completed? – <i>list organisations*</i>		
Anita Pisani, Deputy Chief Executive Officer	Individual organisation	Norfolk Community Health and Care NHS Trust	
EDS Engagement Dates	Partnership* (two or more organisations)	N/A	
	Integrated Care System-wide*	N/A	
Date completed	22-Jan-26	Month and year published	28-Feb-26
Date authorised	Feb-26	Revision date	N/A

EDS Rating & Scoring 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

Completed action from previous year (2025/26)

Domain 1: Commissioned or provided services - Action / Activity	Related Equality Objectives
· Reviewed the Equality Impact Assessment processes for key clinical and non-clinical policies and service improvement projects.	Eliminate unlawful discrimination Promote equal opportunity
· Co-design approach and implement interventions to meet the requirements of the Accessible Information Standard (AIS). A Trust wide audit of information leaflets undertaken to review and improve AIS. Completion of actions identified from the audit is due by April 2026.	Eliminate unlawful discrimination Promote equal opportunity
· Undertake external accreditation scoping exercise and baseline assessment for our patients	Eliminate unlawful discrimination Promote equal opportunity
· Ensure staff at all levels are developed to support, engage with and include patients and service users in all that we do	Eliminate unlawful discrimination Promote equal opportunity
· Review of accessibility and experience of our services with a range of stakeholders (e.g. AccessAble; Fifteen Steps Challenge Programme; PLACE assessment). The Lived Experience Team are now participants of these assessments, working to ensure the patient and/or carer voice is heard.	Eliminate unlawful discrimination Promote equal opportunity
· Continual review of the tools available such as Carers Identity Passport and Quality Assurance Tool. The Trust is working with Caring Together to renew the Carers Tick. The Quality Assurance Tool has recently been reviewed with role out across community nursing services anticipated imminently.	Eliminate unlawful discrimination Promote equal opportunity
· Developing guidance for staff to ensure adaptations and adjustments are made, documented and stories told once for our patients. Through the Patient and Carer Experience and Inclusion (PECI) Working Group, the Lived Experience and Co-Production Manager is working with Place Governance Supports to achieve this	Eliminate unlawful discrimination Promote equal opportunity
· Triangulation of data from a range of sources such as Patient Safety Incident Management System, Complaints, Risk Assessments, Audits, Patient Feedback and Patient Demographic Data, to understand and learn from any adverse impact. This work has been completed and will remain a continual review with information shared Trust-wide through Safety Group and PCEI Steering Group.	Eliminate unlawful discrimination Promote equal opportunity
· Co-design service improvement priorities with patients and service users	Eliminate unlawful discrimination Promote equal opportunity
· Continual review and improvement of how the organisation listens and learns from the experiences of our patients	Eliminate unlawful discrimination Promote equal opportunity

Completed action from previous year (2025/26)

Domain 2: Workforce health and well-being - Action / Activity	Related Equality Objectives
· Signposted staff to our range of tools and advice that support staff experience through a variety of channels including Staff Experience Updates to leaders, the intranet, Allocate Loop and more.	Advance equality of opportunity
· Launched the We Care Staff Experience Passport to support reasonable adjustments and staff health and wellbeing.	Eliminate unlawful discrimination
· Redesigned and launched our leadership programmes (leaders induction and first line leader programme) to support the development of compassionate and inclusive leaders to create psychologically safe environments for our people.	Advance equality of opportunity
· Implemented the NHS Sexual Safety Organisation Charter Framework, appointed trust Sexual Safety Lead and implemented national template policy. Launched optional eLearning to all staff and included Sexual Safety workstation on one day clinical mandatory training programme from January 2026 based on local experiences and case studies.	Eliminate unlawful discrimination
· Continued to embed the NHS Civility and Respect toolkit including implementing the Civility and Respect Mandatory Training resources and monitoring their impact through the one day clinical mandatory training programme in 2025.	Foster good relations
· Completed external accreditation scoping exercise and assessment of evidence criteria in partnership with Onvero (was ENEI) for our people and achieved Gold Status.	Advance equality of opportunity

Completed action from previous year (2025/26)

Domain 3: Inclusive Leadership - Action / Activity	Related Equality Objectives
· Monitored all Board Members and line managers compliance with EDI mandatory training and reviewed EDI mandatory training in line with NHS England's programme.	Foster good relations
· Executive Board Members and line managers were invited to attend a one-day Workshop for Leaders focused on inclusion.	Foster good relations
· Engaged with staff members through listening events to support organisation change.	Foster good relations
· Each Executive was appointed responsible for one of the NHS EDI High Impact Actions.	Eliminate unlawful discrimination
· Continue to embed a robust Equality Impact Assessment process for key clinical and non-clinical policies and service improvement projects.	Advance equality of opportunity
· Ensured all statutory metrics are discussed and actions agreed prior to publication.	Eliminate unlawful discrimination

Domain 1: Commissioned or Provided Services

Outcome	Evidence	Rating	Lead/Owner/Dept.
<p>1A: Patients (service users) have required levels of access to the service</p>	<p>NCH&C has worked with AccessAble to survey all main sites, including the new Willow Therapy Unit. AccessAble guides are now live across all sites, following an October 2025 communications launch. Estates and Facilities updates are reflected on the AccessAble website to ensure accurate, up-to-date accessibility information for staff, patients, carers and visitors. The Trust promotes the guides through staff networks and the intranet to support colleagues and professional visitors with accessibility needs. Ongoing review meetings between the Lived Experience Team, the Patient Environment and Quality Assurance Manager, and AccessAble ensure timely action on feedback.</p> <p>Accessible Information Standard compliance continues to be addressed with progress being made with Systmone Units alignment and a flag for Core20 plus being added to support identification of patients with Learning Disability to ensure reasonable adjustments are made for patients accessing services. Further attention is required in this area which will be key for 2026 learning from good practice examples e.g. Urgent Care response A PDF patient information leaflet audit was completed in spring 2025, work on this project has been paused in order to consider a joint programme of work with CCS to ensure a standardised approach going forwards.</p> <p>Clinicians have access to a full range of INTRAN communication support, including BSL, face-to-face and telephone interpreting, written translation and video interpretation. Training and guidance are regularly promoted by the Trust's INTRAN Champion, who also attended the service's 25th anniversary celebration.</p> <p>NCH&C Complaints and PALS maintain high levels of responsiveness to patients, service users, carers and the public. Complaints are acknowledged within 3 working days and PALS acknowledged and responded to within 1 working day.</p> <p>Recite Me toolbar available on external website to enable visitors to customise their content. All functions support a wide range of disabilities to aid website usability, with consistent usage principally for translations. Friends and Family Test (FFT) is available in a full range of completion options including easy read, online, digital, QR code and use of reach Deck on FFT platform provider. Option of a volunteer completing FFT with a patient is also offered within community services. Optional demographic questions are reviewed within Place.</p> <p>The Trust has signed up to a Veteran Aware Charter and Armed Forces Covenant with identification of a veteran on the organisations Electronic Patient Record system. As part of Step into Health Changes to patient environment/clinical areas continue through our Place led Quality Assurance Tool and our Patient Led Assessment of the Care Environment. Quality Matron walkarounds within inpatient units are in place with assurance and actions for improvement identified with each team. Specific changes to the environment have included Dementia Friendly initiatives such as Silencia screens, This is Me boards and equipment and activities to support personalised care in our inpatient units. A multifaith room opening Spring 2026 and a sensory room has been developed for parents and families attending Neurodevelopmental Service out patient appointments at St James Centre in King's Lynn.</p> <p>Equality Impact Assessments are consistently applied across policies, clinical audit proposals and quality improvement initiatives to identify positive and negative impacts. These have been reviewed as part of policy renewal as well as within Clinical Audit proposals and Quality Improvement initiatives.</p> <p>NCH&C actively partners with local charities and the voluntary sector, with several contributing to the Patient and Carer Involvement Steering Group. The Lived Experience Team regularly attends outreach events to strengthen engagement with patients, carers and the public.</p> <p>The Patient Advisory Group enables individuals with lived experience to shape service development. Place-based networks review Eclipse data to understand barriers to access. NCH&C continues to take part in the Norfolk and Waveney ICS Patient Experience and Communications & Engagement networks, ensuring patient voice influences service design and communication approaches.</p>	<p>2</p>	<p>Patient Safety</p>

<p>1B: Individual patients (service users) health needs are met</p>	<p>The Trust works with system partners, voluntary sectors, carers, and patients to ensure health inequalities are addressed and work jointly to reduce this.</p> <p>Throughout the year NCH&C participated in Norfolk and Waveney ICS led ED&I joint review of health inequalities data to map out key priority areas for a planned review, scope analysis and project proposal for · Children and Young People’s Mental Health · Frailty services · Translation Services Further work will continue in the next cycle in 2026. Having been identified by carers as an area that requires improvement, a coproduction project of a Carers Booklet has been piloted in two of our community hospitals regarding when the person the carer looks after is admitted to hospital through to planning discharge.</p> <p>Feedback received from carers indicates that although the booklet is long, it provides topics with which carers feel empowered to ask and feel engaged with regarding looking after the person they care for. Ongoing promotion and awareness of how to identify and record a patient carer’s relationship remains.</p> <p>NCH&C has maintained its award of a Carer Friendly Tick award for health services in 2025.</p> <p>Learning from complaint themes around communication with patients and family members and carers, a suite of blueprints for Synexx flexible communication methods is being piloted within Specialist services. Ward Managers worked with the Lived Experience Team to review visiting times across all inpatient units, with the aim for personalised patient care to be delivered regardless of the time of day. Ward visiting times have been updated to ensure flexibility ensuring compliance with CQC Regulation 9a and that the least restrictive options decided with the person using the service, and their family, friends or advocates where appropriate. A ‘reasonable adjustments’ care plan has been implemented on the SystemOne patient record to ensure that patient needs are documented and applied where necessary. Further work is required to gain assurance that this is being used throughout the organisation and will form part of the Trust’s documentation audit.</p> <p>Staff continue to access Oliver McGowan training and utilise knowledge to inform care planning. Collaborative working between NCH&C, system partners, social care, voluntary sectors, and charities is happening to improve services for all regardless of geographical location.</p> <p>Trust representation continues at Health Improvement Transformation groups addressing health needs of vulnerable groups and ensuring proactive health care planning is in place. Ageing Well Forums continue to work on identification of Frailty in Primary Care including promotion of local health and social care initiatives and preventing isolation and falls in the community. As Norfolk’s first ‘Marmot Place’, West Norfolk is adopting eight evidence-based principles to reduce health inequalities, developed by Sir Michael and his team from the University College London’s Institute of Health Equity (IHE). These are eight broad policy objectives aimed at reducing health inequalities by improving the conditions of everyday life and reducing socioeconomic inequalities, introduced in the Marmot Reviews. 29,000 residents in King’s Lynn and West Norfolk live in areas amongst the 20% most deprived in England. The next steps are for Place teams to work alongside the institute team in identifying areas of focus. This work is long term change process. All providers to integrate into a neighbourhood model. Co-production with our community will be key.</p>	<p>2</p>	<p>Patient Safety</p>
--	--	----------	-----------------------

<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>The Trust's governance processes support system-level action on health inequalities by ensuring that local learning flows into ICB structures, provider collaboratives and system programme boards. This enables identified inequalities to inform commissioning decisions, resource allocation and cross-organisational improvement efforts, aligning the Trust's operational learning with wider system priorities for reducing health inequities. Each Place Quality Team submits a monthly Place Integrated Governance Report (IGR) to the Norfolk Adults Improvement Group (NAIG). These reports highlight the top risks and issues within services, including operational pressures and their impact on patient care. They also summarise themes emerging from complaints, incidents, patient feedback and audit findings. The meeting provides an opportunity for triangulation of intelligence from multiple sources, enabling the identification of variation in access, experience and outcomes across Places.</p> <p>This integrated review supports early detection of potential health inequalities and ensures that concerns affecting particular population groups or localities are not overlooked. Complaints are prioritised and managed locally by Place Quality Teams, enabling timely action and ensuring that feedback from individuals and communities directly informs service improvement. Local learning is shared promptly to support immediate changes in practice. The Central Complaints Team undertakes a monthly thematic analysis of Trust-wide complaints and presents findings to the Safety Group. Further triangulated reports are submitted to NAIG and the Norfolk Adults Service Assurance Committee every six months. These thematic reviews allow the Trust to identify any disproportionate concerns raised by specific demographic groups or communities, supporting a proactive approach to reducing inequalities in patient experience. Complaints can be closely linked to locally raised incidents, and the triangulation of investigations supports targeted improvement. Following a complaint and related incident involving a patient using the Wheelchair Service, the Trust is developing a new Wheelchair Service Pressure Ulcer Leaflet. This resource is designed for patients with Category 3 or 4 pressure ulcers who require guidance on safe wheelchair use to support healing and prevent further harm. This work ensures that patients with complex mobility needs receive clear, proactive advice regardless of where they access services, helping reduce variation in outcomes across the population. All reported incidents are reviewed within their respective Place, with immediate learning shared to support local improvement. Where enhanced review is required, an After-Action Review (AAR) is undertaken. Learning identified through this process is disseminated via specialist subject-matter groups to support Trust-wide consistency. Bi-monthly IGR reports enable a cross-Place review of patient safety incident data, including triangulation of learning and actions arising from investigations. This process ensures that any variation in patient harm, care outcomes or the quality of services between different geographical areas can be recognised and addressed, helping to mitigate place-based inequalities. The current reporting process for patients who deteriorate and require transfer to acute services—whether from inpatient units or community settings—requires these incidents to be initially graded as moderate harm on the Datix system. This enables Trust-wide visibility and systematic review of deterioration-related events during the twice-weekly Learning Huddles. These huddles review all moderate and severe harm incidents, as well as thematic clusters of low or no harm cases. They provide rapid opportunities to identify immediate learning and share it across relevant teams. This process supports the early identification of inequitable patterns in patient deterioration or access to timely escalation. In many cases, the harm level is reduced following review, and where further investigation is necessary, oversight is provided by the Deteriorating Patient Group. This group reviews data from a thematic perspective and reports quarterly to the Safety Group, supporting equitable safety standards across all services and locations. NCHC will launch a new Palliative and End of Life Care (PEOLC) Programme Board in November 2025. Building on the Better for All project, this expanded programme will include multiple workstreams focusing on Trust-wide palliative pathways, inpatient provision, specialist services and workforce education. Learning and actions will feed into the ICB/provider-led collaborative service specification redesign and system programme board. Given the known national inequalities in end-of-life care, the programme will play a key role in ensuring equitable access, culturally competent care and consistent quality of service for all communities across Norfolk.</p>	<p>2</p>	<p>Patient Safety</p>
--	--	----------	-----------------------

<p>1D: Patients (service users) report positive experiences of the service</p>	<p>Friends and Family Test Results shows that 95% of patient, carers and family members responding to the Friends and Family Test (FFT) rated our services as very good or good over a 12-month period (from October 2024-September 2025) In addition to core FFT questions , optional demographic data is collected and is reviewed in Place alongside other feedback however, data is not statistically significant to draw conclusions . Further central work is required looking at aggregated data to identify any areas of concern regarding experiences of care. The volunteer service support with patient, carer feedback across our clinic areas; with the Lived Experience Team working alongside clinicians to capture feedback in real time and in a way suitable for the patient. We receive patient, carer and family member via feedback via the organisations Patient Advice and Liaison Service alongside adhoc feedback collected at engagement events and online platforms.</p> <p>Patient's, carers and support networks provide feedback across our inpatient services, clinics and community services in the form of thank you cards and compliments. These are shared and celebrated across the Trust supporting good staff experience, demonstrating commitment to our core values and ensuring we learn from excellence as well as learning from complaints. NCH&C commissioned Healthwatch Norfolk to complete a project in 2025 aimed to engage patients, their relatives, and staff to gather insights into the inpatient general rehabilitation service provided by Norfolk Community Health and Care NHS Trust (NCHC). Using interviews and a survey, the study explored the full patient rehabilitation journey - from transfer from acute care, through inpatient rehabilitation unit stay, to post-discharge experiences - identifying strengths and areas for improvement. A draft report has been received indicating overall good levels of care and experience but with a focus required on involving patients and carers more to support meaningful patient understanding and managing expectations both on the ward and with discharge planning. Recommendations will be incorporated into actions plans with Intermediate care teams. Work is underway mapping out year 3 commissioned project with Healthwatch specifically addressing services where there are known health inequalities and patients who may face potential barriers to accessing healthcare . This will include working with High Intensity User Service in project 1 and MSK Physiotherapy service accessing INTRAN face to face interpreting in project 2. The Healthwatch Pink box is a joint patient feedback initiative working alongside Voluntary Norfolk and involves a bright pink post box where patients can post their completed anonymous feedback questionnaire. Working alongside Voluntary Norfolk, the Lived Experience team and Places ensure the pink boxes are distributed and moved across our services to enable feedback to be received. Voluntary Norfolk volunteers are also available to help our patients complete the feedback form. Healthwatch surveys collected from the pink boxes show consistent positive feedback about NCH&C. These comments are available on the Healthwatch website.</p>	<p>2</p>	<p>Patient Safety</p>
<p>Domain 1: Commissioned or provided services overall rating</p>		<p>8</p>	

Domain 1: Commissioned or Provided Services

Outcome	Objective	Action	Completion Date
1A: Patients (service users) have required levels of access to the service	Gain a comprehensive understanding of patients' communication needs and their experiences of using interpretation and translation services, enabling the service to identify barriers, improve equity of access, and co-design patient-focused solutions.	Undertake engagement activities with patients and service users to understand their experiences and expectations of interpretation and translation services. Use this insight to identify gaps, reduce barriers, and co-design improvements that ensure timely and equitable access to communication support.	Sep-26
	Build greater consistency in EDI practice across the Trust by understanding and addressing variation in EDI maturity, ensuring that all services are equipped to embed shared good practice and deliver equitable, personalised care that meets the health needs of every patient.	Identify, collate, and share examples of effective EDI good practice from across all services, recognising the current variation in EDI maturity. Provide targeted support and guidance to help services embed these approaches consistently into their clinical and operational processes, ensuring equitable and responsive care that meets individual patient health needs.	Mar-27
1B: Individual patients (service users) health needs are met	To enhance the Trust's capability to collect, monitor, and interpret demographic data in order to identify who is and is not accessing our services, enabling targeted action to address health inequalities and ensure that individual patient health needs are met equitably.	Strengthen the Trust's approach to collecting, monitoring, and analysing demographic data across all services to better understand who is and is not accessing our care. Use these insights to identify unmet needs, target health inequalities, and inform service improvements that ensure individual patient health needs are met equitably.	Mar-27
	Co-produce a new, Trust-wide Learning Disability & Learning Difficulty – Inclusion and Accessibility Strategy by working collaboratively across the newly formed Trust	Work collaboratively as a new Trust to co-produce a refreshed, Trust-wide Learning Disability & Learning Difficulty Inclusion and Accessibility Strategy. Ensure the new strategy strengthens accessibility, reduces health inequalities, and supports equitable care for people with learning disabilities and learning difficulties.	Mar-27
1C: When patients (service users) use the service, they are free from harm	To understand whether patients with protected characteristics experience different safety outcomes by strengthening the capture, analysis, and use of demographic data within DATIX. This will enable the Trust to identify potential inequalities in incidents and harm, inform targeted service improvements, and support the delivery of equitable, harm free care for all service users.	Scope how improved capture and use of demographic data within DATIX reports could support identification of safety related health inequalities for patients with protected characteristics. Strengthen the Trust's ability to analyse incident themes by demographic group, understand where inequitable experiences or outcomes may occur, and use these insights to inform targeted service improvements that reduce harm and promote equitable, safe care for all.	Mar-27

1D: Patients (service users) report positive experiences of the service	To enhance the Trust's ability to use patient feedback as a meaningful driver of service improvement by strengthening how feedback is collected, analysed, and acted upon. This includes understanding the experiences of diverse patient groups, identifying themes and inequalities, and ensuring insights directly inform changes that improve the quality, accessibility, and experience of care	Strengthen the way patient feedback is gathered, analysed, and shared across services to better understand the experiences of all service users, including those with protected characteristics. Use themes and insight from surveys, complaints, compliments, FFT responses, and lived experience engagement to identify areas for improvement, co design solutions with patients, and ensure that feedback directly informs and drives meaningful service change.	Mar-27
--	--	---	--------

Domain 2: Workforce health and wellbeing

Outcome	Evidence	Rating	Lead/Owner/Dept.
<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<p>NCH&C continues to strengthen its Health and Wellbeing offer, ensuring all staff can easily access support via the intranet—available on all Trust devices and personal devices outside working hours. The Trust has created clear "hubs" that group Health and Wellbeing resources into themes, supporting staff to understand their needs and access relevant internal and external support.</p> <p>Staff feedback reflects this commitment:</p> <ul style="list-style-type: none"> • The Trust maintains a 71.05% score in the NHS Staff Survey's "We Work Flexibly" section, showing that staff with health needs can access reasonable adjustments through wellbeing conversations. • Staff rated "My organisation takes positive action on health and well-being" at 71.03%. The Trust promotes wellbeing across all inclusion campaigns, encouraging staff to engage in wellbeing conversations and make use of the Staff Experience Passport. <p>Health and Wellbeing hubs include:</p> <ul style="list-style-type: none"> • Physical Wellbeing: Free staff gyms across four locations, plus links to staff networks and community groups to support physical/mental health, belonging, and career development. • Mental Health: Support from 47 Mental Health First Aiders, Wellbeing Champions, confidential talking therapy (Vita Healthcare), 1:1 wellbeing conversations, and the Staff Experience Passport. Underpinned by the trust's policies. • Financial Wellbeing: Guidance on money management and pensions, reflecting the link between financial and mental health. • Self-referral access to musculoskeletal services and physiotherapy. • Support for staff wishing to quit smoking. • Access to Occupational Health via NNUH, supporting staff to remain in or return to work. • Active staff networks, including the We Care Diverse Abilities Network (100+ members), contributing to policy and wellbeing improvements. • Support for menopause awareness, including Menopause Advocates (including male allies). • A clear Workplace Adjustments process offering financial and non-financial support without requiring a diagnosis. • A focus on burnout prevention, supported by the Supporting Staff Attendance and Wellbeing Policy and a high use Burnout Hub. <p>In collaboration with the trust's Charitable Funds team and Patient Safety and the Lived Experience Team and Estates and Facilities, the EDI Advisor has supported the opening of the trust's first multi-faith multi-purpose wellbeing room for staff to access during the hospitals opening hours to reflect during their working day and times of cultural recognition such as Ramadan, Easter and Holocaust Remembrance and Memorial Day in January. The multi-faith wellbeing room is due to be opened in Spring 2026</p> <p>The Trust's disability policy underpins support for all staff, with or without a diagnosis, to maintain and improve their health and wellbeing at work.</p> <p>Staff experience of health and wellbeing provision is measured in the NHS Staff Survey annually. In the 2024 survey, staff reported:</p> <ul style="list-style-type: none"> - 27.18% of staff have experienced a MSK problem as a result of work in the last 12 months (average: 25.53%, 2023: 26.36%) - 38.76% of staff have felt unwell as a result of work related stress in the last 12 months (average: 37.41%, 2023: 39.68%) - 54.33% of staff came to work in the last 3 months despite not feeling well enough to do so (average: 52.88%, 2023: 51.13%) 	<p>3</p>	<p>People Directorate</p>

<p>2B: When at work, staff are free from abuse, harassment, bullying, harassment and physical violence from any source</p>	<p>The trust has several policies that it must enforce, and that staff can access to support themselves should they experience these challenging incidences. These include - Grievance, Disciplinary, Bullying and Harassment, Freedom To Speak Up (Whistleblowing), Equality, Diversity, and Inclusion and Violence Reduction and Managing Violence and Aggression Policy.</p> <p>In the most recent national NHS Staff Survey, staff reported that there is a reduction in bullying, harassment and violence at work. This has been supported by:</p> <ul style="list-style-type: none"> •The trust's Chief People Officer who is the EDI executive and the FTSUP executive for the trust. •The trust has a dedicated Staff Experience Team that works to educate and promote an environment of civility, compassion and respect. This theme is a thread that runs through the trust's induction, mandatory training, coaching, career development and leadership development provision. •The trust employs a full time Equality, Diversity, and Inclusion Advisor who is dedicated to working with the trust to create a safe working environment for staff that is free from abuse, harassment, bullying and discrimination. This is carried out via policy review, provision of training and education, the promotion of diverse cultures and communities. •The trust proactively advocates as an anti-racist, anti-discrimination, anti-bullying organisation, working with staff network advocates to create initiatives to create psychologically safe places to have host Open/ Courageous Conversations to support diverse communities and civility and respect. •The trust works closely with the FTSUP Guardian and Joint Union Staffside representatives who also provide impartial support to individuals as well as advise the trust on how to develop based on data. •The trust has five dedicated staff networks and wellbeing groups in which individuals are able to seek support from advocates as well as network members •The trust actively promotes a Civility, Compassion and Respect culture with a dedicated platform on the trust's intranet that is formatted both for those seeking support (the victim) and those seeking to learn (the accused). •The trust promotes its Behaviour Framework as a source of guidance and ambitious goals that we should all work towards. This guidance is used proactively. <p>Staff have participated in Restorative, Just and Learning Culture training to improve the experience of disciplinaries and grievances for all parties. Providing a holistic approach that sees less harm and improved outcomes.</p> <p>Staff experience of bullying, harassment, abuse and violence is measured in the NHS Staff Survey annually. In the 2024 survey, staff reported:</p> <ul style="list-style-type: none"> - 4.55% of staff personally experienced discrimination at work from patients / service users, their relatives or other members of the public (average: 4.34%, 2023: 4.45%) and 4.81% from a manager / colleagues (average: 5.12%, 2023: 4.88%) - 76.95% of staff reported the last time they experienced physical violence at work (average: 77.18%, 2023: 79.08%), and 60.89% staff reported the last time they experienced bullying, harassment or abuse (average: 61.29%, 2023: 58.84%) - In the last 12 months, 9.93% of our staff have experienced physical violence from patients / service users / relatives (average:6.87%, 2023: 9.99%), 0.10% from managers(average: 0.29%, 2023: 0.34%) and 0.59% from colleagues (average:0.74%, 2023: 0.46%). - In the last 12 months, 19.58% of our staff have experienced harassment, bullying or abuse from patients / service users / relatives (average:18.20%, 2023: 19.41%), 5.64% from managers(average: 6.03%, 2023: 6.83%) and 10.95% from colleagues (average:11.29%, 2023: 12.16%). - 10.78% of staff reported being the target of unwanted behaviour of a sexual nature from patients / service users / relatives in the last 12 months (average: 6.77%, 2023: 9.85%) and 2.14% of staff had experienced this from staff / colleagues (average: 1.43%, 2023: 1.95%) 	<p>2</p>	<p>People Directorate</p>
<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying, harassment and physical violence from any source</p>	<p>The trust understands that staff may experience challenging times throughout their career. Because of this it has created comprehensive mechanisms to improve staff experience.</p> <p>The most recent national NHS Staff Survey results state that 90.05% of staff believe that, "My organisation encourages us to report errors, near misses or incidents." Where the average was 91.31%</p> <p>These include:</p> <ul style="list-style-type: none"> •During the trust induction delivered to new staff and facilitated by the Staff Experience Team who work to promote a civil and respectful workplace by sharing information on wellbeing interventions including how to access a wellbeing Champion, Mental Health First Aider, Staff Networks and Wellbeing Groups and the importance of speaking up. •The trust has created a Reporting Roadmap to support staff who need to escalate their concern to understand the process of doing so to empower them during what can be a stressful process. This information is available on the trust's intranet. •The trust has ensured that staff are aware of Unison and the Joint Union Staffside representatives and that they can access this support even if they are not a member of a union or their. •The trust supports its Freedom to Speak Up Guardian to promote themselves and their services across the organisation, by hosting events throughout FTSUP Month in October and working flexibly across the trust and not just at base to ensure visibility to create relationships with teams to empower psychological safety to promote an impartial guidance culture as well as Speaking Up culture. •The trust employs an Equality, Diversity and Inclusion Advisor. •The trust's staff networks continue to be a source of support to staff at all levels, for community, to raise concerns, to celebrate and to use as a point of reference in project work. 	<p>3</p>	<p>People Directorate</p>

<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>The trust has gone through a transition phase of learning about communities, microaggressions and calling-out to a place of allyship and calling-in; where there is an understanding that negative behaviours will not be tolerated.</p> <ul style="list-style-type: none"> •Although there is a very small drop from 75.97% to 73.98%, the trust still scores extremely high in the section "I would recommend my organisation as a place to work" where the average was 68.89% in the last national staff survey. •77.20% of staff would recommend the trust as a place to receive treatment. A slight reduction from 2023, and average for other community trusts. •The trust continues to score highly in areas such as We Are A Team, especially in, "My manager takes positive interest in my health and wellbeing" which scores 81.04% in the last national NHS Staff Survey. •NCH&C is a member of ONVERO (formerly the employer's network for equality and inclusion, enei), and have achieved a gold standard Talent for Inclusion, Diversity and Equality (TIDE) benchmarking award in 2024 and in 2025. •The trust prioritises inclusion and has achieved and maintained the Carers Friendly Tick Award for employers which is renewed bi-annually and was achieved in 2023 and 2025 prioritising a carers friendly workplace by working with Caring Together Norfolk. •The trust is a Disability Confident Leader award prioritising a disability friendly workplace by working with organisations such as the AccessAble to achieve this. •The trust was accredited with the Silver Veteran Aware award and is proud to represent the Armed Forces Covenant •The trust encourages continued learning and development and provides staff with the opportunity to access learning via the trust's Staff Experience team who provide: coaching and mentoring for teams and individuals, career development such as apprenticeships, back to the floor days etc. •The trust celebrates inclusion and diversity days including cultural days, national staff network day, inclusion week, and NHS EDI and Human Rights Week as well as its own bespoke inclusion day, We Care Day in which staff in 2025 were able to bid for a party pack including a £50 voucher to recognise and celebrate their team. •Only 20.68% in the last national NHS staff survey reported that they have considered leaving the organisation. 	<p>3</p>	<p>People Directorate</p>
<p>Domain 2: Workforce health and wellbeing overall rating</p>		<p>11</p>	

Domain 2: Workforce health and wellbeing

Outcome	Objective	Action	Completion Date
2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	To integrate the staff networks into a single cohesive provision that is fit for the future needs of the new organisation and its people.	Timetable / plan for joining the two sets of networks together. Support the joining of staff networks for the new organisation	Apr-27
2B: When at work, staff are free from abuse, harassment, bullying, harassment and physical violence from any source	To continually improve and extend the Workplace Adjustment Passport and processes	To continue to embed and develop the process and workplace adjustments. To seek to extend the programme across the new organisation from April 2026.	Apr-27
2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying, harassment and physical violence from any source	To reduce discrimination in our employment practices by ensuring fairness, improving inclusivity and boosting diversity in the workplace	Extend Cultural Ambassadors Policy to the whole Trust and implement across our employment practices	Apr-27
2D: Staff recommend the organisation as a place to work and receive treatment	To recognise and celebrate the diversity of our people with them	To agree a calendar of EDI / Inclusion events to be recognised / celebrated throughout the year	Ongoing
	To improve awareness of key events in our communities	To design and publish the inclusion calendar to our people	Apr-26
	To improve our candidate experience, foster diversity and reduce unconscious bias in our recruitment and selection processes	Review inclusive recruitment practices to incorporate diversity representatives on interview panels.	Apr-27

Domain 3: Inclusive Leadership

Outcome	Evidence	Rating	Lead/Owner/Dept.
<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>78 members of the trust leadership team have completed the trust's leadership way training programme as new to leadership. Trust leadership framework includes competencies and behaviours to promote inclusion and value difference, which all leaders are required to meet.</p> <p>Allyship training continues to be offered across the trust, with the trust Board having piloted Allyship 2 which is the next step to understanding compatriotism offered to leaders and delivered by the trust's Equality, Diversity, and Inclusion Advisor.</p> <p>Trust Board refresh their EDI mandatory training every 3 years.</p> <p>All Executive Team are signed up to at least one of the Staff Networks.</p>	3	People Directorate
<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 trust has introduced and consolidated its review of equality and inclusion by launching the People Participation and Equalities Committee that with relevant colleagues including the Deputy Chief Executive and Chief People Office, Head of Staff Experience, EDI Advisor and FTSUP Guardian also includes patient involvement participants. This group sets objectives and identifies risks.</p> <p>The trust participated in a full EDI audit with tiaa LTD and will utilise any lessons learned to develop upon.</p> <p>The template for the Trust Board and Committee papers includes a section on how the paper addresses health inequalities. All papers have this section completed. Any and all service developments that are required must have a completed equality impact assessment (EQIA) as part of the initiation and ongoing governance of the project. This is reviewed by the operational EDI leads and recorded.</p> <p>The Equality Impact Assessment for the trust has undergone review to ensure robust challenge and feedback processes are in place.</p> <p>Insights from WRES and WDES data are analysed and built into the strategic plan and annual delivery ambitions. Full monitoring and governance procedures in place and annual publication.</p>	2	People Directorate
<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>Governance system in place to manage performance and operational delivery against the trust strategy and KPIs lead by the Executive Team with services focusing on delivering of high-quality patient services and being the best employer.</p> <p>The trust continues to participate in external accreditation and benchmarking processes:</p> <p>In-depth review of both qualitative and quantitative data streams, to inform areas of priority moving forward.</p> <p>The trust undertakes pay gap reporting annually for Gender, Ethnicity and Disability. The findings are reported to Board and actions taken in partnership with the staff networks.</p>	2	People Directorate
Domain 3: Inclusive leadership overall rating		7	
Third-party involvement in Domain 3 rating and review			
Trade Union Rep(s)	Independent Evaluator(s)/Peer Reviewer(s):		

--	--

Domain 3: Inclusive Leadership

Outcome	Objective	Action	Completion Date
3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	To improve leaders confidence and competence to effectively involve and engage diverse communities	To implement the Inclusive Leadership / Leading with Cultural Intelligence programme across the trust over the next 18 - 24 months	2027/28
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	To improve accessibility to trust policies	<p>To contribute to the review of the new organisation policy template providing guidance to policy authors to improve accessibility.</p> <p>To collaborate with communications and governance to improve accessibility of policies in digital formats and offering alternatives</p> <p>To establish a reader reference panel for all People policies to critically evaluate policies accessibility prior to approval using staff with lived experiences</p>
Service plans to continue to identify their contributions towards addressing health inequalities		Monitor through clinical operational meetings and regular reporting to Trust Board through integrated governance reports.	Ongoing
3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	To maintain all existing EDI accreditations currently in place at NCHC for the new organisation post April 2026.	To review all EDI accreditations and plan processes to continue for the new organisation.	Apr-27
	Trust Board and senior leaders to continue to take a leading role in the delivery of the trust's ambitions in inclusive leadership	Progress to be reported to Trust Board via the People Participation & Equalities Committee	Ongoing