

# Equality Delivery System for the NHS

## ***The EDS Reporting Template***

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: [www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/](http://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/)

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

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report should be submitted via [england.eandhi@nhs.net](mailto:england.eandhi@nhs.net) and published on the organisation's website.

## NHS Equality Delivery System (EDS)

<b>Name of Organisation</b>		Cambridgeshire Community Services NHS Trust	<b>Organisation Board Sponsor/Lead</b>	
			Chief People Officer and Deputy Chief Executive	
<b>Name of Integrated Care System</b>		Bedfordshire, Luton and Milton Keynes Cambridgeshire and Peterborough Norfolk and Waveney		
<b>EDS Lead</b>	Company Secretary		<b>At what level has this been completed?</b>	
			<b>*List organisations</b>	
<b>EDS engagement date(s)</b>			<b>Individual organisation</b>	Cambridgeshire Community Services NHS Trust
			<b>Partnership* (two or more organisations)</b>	
			<b>Integrated Care System-wide*</b>	

<b>Date completed</b>	28 January 2026	<b>Month and year published</b>	27 February 2026
<b>Date authorised</b>	4 February 2026	<b>Revision date</b>	February 2027

<b>Completed actions from previous year</b>	
<b>Action/activity</b>	<b>Related equality objectives</b>
<p>Improve access to interpretation and translation services, to improve communication.</p> <p>Update: Closed. A monitoring process has been established: The Quarterly Trustwide Working Together Group (TWWTG) interpretation and translation report which highlights any incidents and issues is provided to the Senior Contracts and Relationship Manager, who holds responsibility for managing the contract with the provider. Monthly meetings are convened to review incident reporting and assess any associated impacts, supporting informed discussions within ongoing contract management. Agreed to close this action as is monitored via TWWTG.</p>	<p>Outcome: 1A: Patients (service users) have required levels of access to the service</p>
<p>Improve understanding of Accessible Information Standards (AIS) across the Trust and use knowledge to improve standards of care.</p> <p>Update: Closed. Following a coproduction team led benchmarking exercise with staff across the Trust to understand staffs' knowledge base around the Trust's AIS policy and how the policy had been applied in their daily practice. With this information, an action plan was coproduced with policy owner and Communications team.</p> <p>The action plan will be reported on via TWWTG.</p> <p>Agreed to close this action as is monitored via TWWTG</p>	<p>Outcome: 1A: Patients (service users) have required levels of access to the service</p>
<p>Continue to work on action from EDS 2024: Reduce service-user Did not attend ('DNA's) in Luton Adult Respiratory Service by enhancing accessibility of communication methods with SMS text appointment reminders and the facility for service-users to respond.</p>	<p>Outcome: 1A: Patients (service users) have required levels of access to the service</p>

<b>Completed actions from previous year</b>	
<b>Action/activity</b>	<b>Related equality objectives</b>
<p>Update: In progress. This process is now being embedded, and the team are regularly reviewing the impact this is having on the DNA rate. There is a plan to set up automated texts out to patients for all respiratory clinic appointments where patients have given their consent.</p>	
<p>Embed monitoring of the demographic data capture work.</p> <p>Update: In progress. Reports on progress of collection of data are being provided to services leads but we are still unsure on how these are monitored for progress. Comprehensive demographic data within clinical systems remains unavailable. Refreshed whole Trust project is being planned with support of the Trust's Informatics team.</p>	<p>Outcome: 1B: Individual patients service users) health needs are met</p>
<p>Embed the Trust's Learning Disability &amp; Learning Difficulty – Inclusion and Accessibility Strategy.</p> <p>Update: In progress. The plan is in its final year; a refreshed comms plan was implemented where information about the strategy was be shared via comms and at appropriate meetings. We are starting conversations about what is required in the reviewed strategy, as we move to the New Trust.</p>	<p>Outcome: 1B: Individual patients service users) health needs are met</p>
<p>Scope how the use of demographic data on Datix reports could support and inform service improvement.</p> <p>Update: In progress. Scoping of data available is underway. Plan to add an additional question about demographics on the Datix form. Agreed that this will not be compulsory as we do not want to impact on completion of incident reporting. This will be a future ambition once completion in patient records has improved.</p>	<p>Outcome: 1C: When patients (service users) use the service, they are free from harm</p>

Completed actions from previous year	
Action/activity	Related equality objectives
<p>Enhance service improvement within the Family Nurse Partnership (FNP) by systematically gathering qualitative data from 'how is it going between us' conversations.</p> <p>Update: Closed. The questionnaire is an existing part of the care pathway. It is used by the family nurse every 3 months to check on the parent's experience of the care being provided. This information is then entered onto the clinical record. Each time a client shares completes the tool, the team ensure the care pathway is tailored to the individual. All future co-production projects will be shared via quarterly highlight report to TWWT group.</p>	<p>Outcome: 1D: Patients (service users) report positive experiences of the service</p>
<p>Capturing all FNP co-production work</p> <p>Update: Closed. All future co-production activity will be shared via quarterly highlight report to TWWT group.</p>	<p>Outcome: 1D: Patients (service users) report positive experiences of the service</p>
<p>Share key learnings from the Family Nurse Partnership Annual Review, with the goal of fostering continuous improvement and recognising both positive feedback and expert contributions.</p> <p>Update: Closed. All future co-production activity will be shared via quarterly highlight report to TWWT group.</p>	<p>Outcome: 1D: Patients (service users) report positive experiences of the service</p>
<p>When at work, staff are provided with support to manage obesity, diabetes, asthma, Chronic Obstructive Pulmonary Disease (COPD) and mental health conditions.</p> <p>Update: We continue to offer advice, information and support via our Intranet, occupational health providers and disability and long terms conditions network. We have a network of health and wellbeing champions across all services who can</p>	<p>Outcome: 2A: Workforce health and wellbeing</p>

Completed actions from previous year	
Action/activity	Related equality objectives
<p>sign post staff to support available. Those health and wellbeing champions' who wish to, have been trained in mental health first aid. We offer training via ACAS for line managers to support their confidence in supporting staff who have poor mental health as well as offering coaching and mentoring in individual cases from members of the human resources team.</p>	
<p>When at work, staff are free from abuse, harassment, bullying and physical violence from any source.</p> <p>Update: Our actions include creating a culture and teams where abuse harassment, bullying and physical violence from any source do not occur. This includes work led by the Chief Nursing Officer to ensure all reasonable steps are taken to ensure environments are free from abuse from patients, including sexual violence, as well as other actions including training for managers and leaders, to help them to manage staff well and to address issues at the earliest stage possible to prevent acceleration.</p> <p>We have an all-staff objective of 'understanding my own prejudices and biases and challenging any inappropriate behaviour witnessed in the workplace (or raise it with someone else)' and we intend to review how we can embed this further (as part of our WRES action plan).</p>	<p>Outcome: 2B: Workforce health and wellbeing</p>
<p>Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source.</p> <p>Update: All staff have access to confidential support via our commissioned counselling services as well as support from line managers, union colleagues and</p>	<p>Outcome: 2C: Workforce health and wellbeing</p>

Completed actions from previous year	
Action/activity	Related equality objectives
<p>members of the Human resources team. In addition, staff networks offer a safe place to talk with colleagues. The provision of this had been a key consideration in our recommissioning of OH services for our Cambridgeshire and Peterborough based staff which is currently taking place and in our decisions about joining with the current NCH and C provider for our Norfolk based staff. We continue our arrangements with the Acute provider for our Luton based staff. In addition, had commissioned additional crisis/ critical incident support on an ad hoc basis for teams as required.</p>	
<p>Staff recommend the organisation as a place to work and receive treatment.</p> <p>Update: This is measured via the annual staff survey, the results of which are still embargoed at the time of writing this report.</p>	<p>Outcome: 2D: Workforce health and wellbeing</p>
<p>To continue the roll out of the inclusive leadership programme across the Trust over the next 18 – 24 months.</p> <p>Update: Cultural intelligence is part of Chrysalis Development Programme – workshop 5. It has been agreed to adopt an updated version of Chrysalis as the Leadership Programme in the new organisation and to roll out leading with cultural intelligence development to all leaders in the new organisation over a 12–24-month period. An in-house trainer has undertaken training with “Above Difference” and will use this learning in the programme.</p>	<p>Outcome: 3A: Inclusive leadership</p>
<p>Year 3 Service Plans to continue to identify their contributions towards addressing Health Inequalities.</p> <p>Update: These were included as appropriate.</p>	<p>Outcome: 3B: Inclusive leadership</p>

<b>Completed actions from previous year</b>	
<b>Action/activity</b>	<b>Related equality objectives</b>
<p>Trust Board and senior leaders to continue to take a leading role in the delivery of the Trust's ambitions in inclusive leadership.</p> <p>Update: Ongoing and embedded in Board Development programme and through individual diversity objectives and diversity mentoring</p>	<p>Outcome: 3C: Inclusive leadership</p>

## EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below

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

## Domain 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 1: Commissioned or provided services.</i>	1A: Patients (service users) have required levels of access to the service	<p>The Trust website features 'Recite Me,' which is an accessibility 'plug-in' that includes a translation facility for multiple languages and extensive accessibility tools for people with learning difficulties. All our sites are 'AccessAble' surveyed and registered.</p> <p>We have language translation services available for our patients to use.</p> <p>We listen to our service-users via their Friends and Family Test (FFT) comments, informal/ formal complaints and PALS feedback. We monitor activity data and trends and demographic data. This informs how and where we adjust our services.</p> <p>Hearing loop devices have been installed across all patients-facing venues, and staff have been trained to effectively support patients in using this equipment.</p> <p>All staff attend equality and diversity training as part of their induction and their mandatory training.</p> <p>Cambridgeshire Community Services (CCS) supports the Armed Forces Covenant,</p>	2	Chief Nursing and Allied Health Professional Officer

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<p>ensuring fair treatment for veterans and their families, with CCS specifically aiming to provide excellent NHS care, including priority access for service-related conditions, and integrating veteran support into services like mental health and community care, aligning with national NHS pledges to veteran health. All departments within Cambridgeshire and Peterborough (C&amp;P) Dynamic Health are fully equipped with disability-access provisions, including wheelchair-accessible facilities, Braille resources, hearing loops, and support for guide dogs. Wheelchairs are also available for use on site.</p> <p>All patients are offered a chaperone, and care workers or accompanying family members are welcome to attend appointments. We work collaboratively with non-emergency ambulance services to support patients who may experience transport difficulties, and male or female clinicians can be arranged on request. Water facilities are available for patient use, and safety screening is conducted prior to any physical exercise component.</p> <p>We actively respond to patient feedback; recent improvements include changes to satellite clinic appointment booking processes, updates to the DNA pathway for</p>		

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		<p>clinicians, and enhanced collaboration with external organisations.</p> <p>We have introduced online booking to give patients greater control over their care.</p> <p>C&amp;P Dynamic Health maintains a comprehensive website providing patient advice, information leaflets, and current waiting times, complemented by regular updates shared through our social media channels. Patients are triaged based on the clinical information supplied by the referrer and, where appropriate, supported by a review of SystmOne or hospital records.</p> <p>Triage outcomes follow defined criteria to determine whether a patient is seen urgently or routinely and to allocate them to the most appropriate clinician.</p> <p>The service offers multiple access routes, including self-referral via an online form, referral to a First Contact Practitioner in primary care, and referrals from healthcare professionals. Contact details for telephone enquiries and self-referral are clearly provided on our website. Focus groups were held this year to work with service users to improve website information and develop a patient portal.</p> <p>The service model is shaped around local</p>		

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		<p>population needs. For example, in Peterborough we collaborate with the Light Project to ensure people experiencing homelessness can access physiotherapy advice and a flexible pathway into our service that accommodates their circumstances. Since the Covid-19 pandemic, Dynamic Health Physiotherapy has been unable to maintain routine waiting times within the 18-week standard, with demand continuing to exceed capacity despite ongoing transformation and quality-improvement initiatives.</p> <p>Dynamic Health received GIRFT Further Faster Programme funding to address extended routine physiotherapy waiting times. The investment has been used to expand capacity through locum recruitment, weekend clinics, an AI-supported digital pathway for lower-back pain, and Community Appointment Days.</p> <p>Dynamic Health partnered with the Cambridgeshire-based provider Flok Health to pilot an AI-enabled pathway for managing low back pain referrals, which represent 15–20% of all referrals and require significant follow-up resource. Flok Health is the first CQC-approved and UKCA-marked digital MSK medical device able to autonomously</p>		

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		<p>assess and treat back pain, and CCS NHS Trust is the first NHS organisation in England to offer this AI clinic within a pilot across community healthcare settings.</p> <p>The AI system provides a fully automated assessment and treatment pathway, accessible 24/7 via an app on any device, enabling patients aged 18–65 (extended to 75 during the pilot) to self-initiate care with zero waiting time and unlimited access. Patient experience was positive, with 78% rating the service 'good' or 'very good', and 80% reporting it was equal to or better than traditional physiotherapy, while those preferring face-to-face care still valued the rapid and convenient access.</p> <p>Dynamic Health delivered two Community Appointment Days (CADs) in 2025 to provide rapid access to MSK services in a single community setting and help reduce routine physiotherapy waiting times.</p> <p>The first CAD, held in March 2025 in Peterborough, generated high patient engagement and satisfaction. Most attendees received tailored assessment and advice across multidisciplinary zones, with 98% rating the event as good or very good and 84% discharged with a six-month patient-initiated follow-up.</p>		

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		<p>A second CAD was held in October 2025 in March, Fenland, without external funding. Attendance remained strong, with 96% of patients rating the experience as good or very good and 98% feeling they were treated with dignity and respect.</p> <p>Across both events, the CAD model demonstrated strong patient experience, effective multidisciplinary working, and contributed to reducing physiotherapy waiting lists. Further analysis of outcomes will inform future planning and wider implementation.</p> <p>A 'patient passport' was provided at check in for patients to complete collaboratively with clinicians throughout the CAD days.</p> <p>Attendees initially had a 'What matters to you?' and health coaching conversation with a clinician. Patients could then access the following zones: Advice and guidance, Let's assess together, Rehab, Community Hub</p> <p>Patients could also access information and advice from local partners in the community hub zone.</p> <p>Within Bedfordshire and Luton (B&amp;L) Audiology, the service is currently experiencing extended waiting times; however, patient satisfaction remains high, and no formal complaints have been received in the past 12 months.</p>		

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		<p>All clinical staff have completed Deaf Awareness training, enabling them to proactively recognise and meet the needs of patients with hearing impairments. Families are provided with patient information leaflets to support informed decision-making about their child's care, or their own care as they grow older. They also have access to a wide range of written resources from the National Deaf Children's Society and the CCS website, translated into multiple languages to meet diverse needs, including BSL video content for parents who are deaf. Information is routinely shared on key topics such as wax management, the impact of screen time, glue ear management, and sensitivity to sound. Recommended supportive products and tools are also discussed.</p> <p>For children with hearing loss, listening and communication tactics are explained to families and included in clinical reports to reinforce understanding and support ongoing management.</p> <p>Families can book appointments through the Choose and Book system, enabling them to select the most convenient time, date, and location. The service operates flexibly across seven days and multiple geographical sites to support accessibility. Appointment</p>		

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		<p>reminders are sent to families and carers via SMS.</p> <p>Within Bedfordshire and Luton (B&amp;L) Community Paediatrics, demand for the service remains high, resulting in extended waiting times that can negatively affect patients. Concerns about delays are managed through the PALS process, and risks associated with long waits are monitored via the service's Risk Register. To support families while they wait, a range of online resources is available, including Early Support Resource workshops provided in the area's top five languages. Feedback from families regarding their waiting experience is routinely collected through open-ended questions and reviewed by the service team to inform ongoing service improvement.</p> <p>Feedback collected from families over the past year, particularly in response to the question 'please tell us anything we could have done better,' is routinely reviewed and used to inform service adjustments and improvements.</p>		
	1B: Individual patients (service users) health needs are met	Our co-production team carry out regular Observe & Act visits to clinics with Lived Experience Partners to assess access,	1	

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		<p>safety, communication and person-centred care.</p> <p>Website information can be translated using the Recite function, which is part of the trust wide approach.</p> <p>Departments are equipped with provisions for disability access. This includes wheelchair access and hearing loops.</p> <p>Dynamic Health provides a range of exercise and advice leaflets on its website to support patients wishing to self-manage their conditions, alongside information on self-referral. These resources are also shared with primary care colleagues for use in practice waiting areas. Clinicians utilise tailored physiotherapy tools, individualised exercise programmes, and post-injection advice materials to support patient care.</p> <p>A shared decision-making approach is used to discuss treatment options in line with NICE guidance, supported by decision-making tools and ICB surgical thresholds. SystmOne templates incorporate shared decision-making prompts to aid documentation, and annual clinical notes audits are completed by the clinical governance team. Additional patient-support mechanisms include Community Appointment Days and six-week SMS</p>		

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		<p>follow-ups for safety-checking and revalidation.</p> <p>Patient demographic data recorded in SystemOne is analysed to ensure equitable service representation. This analysis identified lower-than-expected engagement from the South Asian community in Peterborough. In response, the service undertook targeted outreach, including a visit to a local mosque to explain how to access Dynamic Health services. The session, delivered in Urdu, covered common musculoskeletal issues, prevention strategies, service pathways, and self-management resources. Approximately 38–40 community members attended.</p> <p>Dynamic Health works in close partnership with the Light Project's Health Hub for the Homeless (HHH) in Peterborough, providing an onsite physiotherapist on a fortnightly basis. Service-user feedback from HHH has been highly positive, with 98% reporting the support as very helpful, 88% stating they would have struggled to access necessary healthcare without the hub, 90% feeling more informed about available services, and 89% intending to seek further support.</p> <p>Findings from the Cambridgeshire and Peterborough ICB's Homeless Health Needs Audit also highlight musculoskeletal</p>		

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		<p>problems, including joint pain, bone and muscle issues, and foot conditions, as among the most frequently reported health needs in this population.</p> <p>Dynamic Health has also collaborated with the Workwell Team on a joint-clinic pilot to provide more holistic, patient-centred care for individuals who are out of work or at risk of work absence due to MSK conditions. Five clinics have been delivered across Cambridge, Huntingdon, and Fenland, supporting 40 patients and generating excellent feedback from both patients and Workwell coaches. The pilot has also increased uptake of the Workwell programme, helping patients access employment-related support. Plans are in place to continue the partnership into Q4 2025/26.</p> <p>Audiology clinics are structured to support patients across all age groups, with specialist sessions for children with complex needs. These include joint appointments led by an Audiologist and a specially trained support worker to ensure children feel comfortable during testing. Testing methods are adapted to be child-led, and clinic rooms are equipped with a variety of toys and specialist equipment to facilitate engagement and accurate assessment.</p>		

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		<p>A structured history-taking template is used to gather information about each child's health, communication needs, and care requirements. Appointments are tailored to the child, with guidance provided to parents and carers to help their child settle. History and diagnostic results are combined to determine the most appropriate pathway and support informed choice. For children who find the clinic environment distressing, staff work closely with families to agree personalised approaches for future appointments, for example, beginning a session in the family car when needed. The service works closely with Acute Audiology, to develop pathways for glue ear management and minimum discharge criteria, improving the efficiency and consistency of the paediatric audiology journey. Wider system collaboration with the ICB, NHSE, and acute providers is underway to redesign local paediatric audiology pathways, with the aim of improving patient experience and ensuring smoother transitions between acute and community services.</p> <p>Bedfordshire and Luton Community Paediatrics Service teams ask referrers to identify if the families have a preferred language (in line with Accessible Information</p>		

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		Standards). When preferred language is known, interpreters are used.		
	1C: When patients (service users) use the service, they are free from harm	<p>Trust-wide, staff are supported to act with confidence, openness and honesty when incidents occur, and to report them without delay. Staff understand the value of incident reporting and therefore demonstrate a proactive approach.</p> <p>All incidents are recorded and escalated through DATIX and are investigated promptly. Resulting learning is analysed and discussed through Operational Board meetings. Feedback on the outcomes and learning is provided to the individual staff member who raised the incident and is shared across the wider team to support continuous improvement.</p> <p>Cambridgeshire Community Services NHS Trust has been awarded the Gold Award from the Defence Employer Recognition Scheme (ERS) in acknowledgement of its sustained commitment to supporting the Armed Forces and Defence community.</p> <p>The Trust actively ensures that members of the military community—including veterans, reservists, cadet instructors, and the families of serving personnel—are supported, valued,</p>	2	

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		<p>and treated equitably within the workplace. The Defence ERS recognises organisations that demonstrate positive and tangible action to prevent disadvantage during recruitment and employment for individuals associated with the Armed Forces. The Trust's approach ensures that existing and prospective employees with links to the Defence community are afforded fair opportunities and appropriate support throughout their employment.</p> <p>Incident information is collated within the Quality Performance Dashboard on the Trust intranet. This dashboard incorporates data from DATIX, infection prevention and control, staffing levels and sickness, mandatory training compliance, safeguarding, complaints, and patient feedback (including Friends and Family Test results). Individual DATIX reports, along with their associated action plans, are accessible upon request. All clinical staff receive a minimum of two observed practice sessions per year. Feedback from these observations is formally documented and retained within individual staff records.</p> <p>Injection Leads across all service areas undertake weekly checks of emergency medicines, complete injection stock audits, and carry out daily monitoring of room and</p>		

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		<p>medicines-cabinet ambient temperatures. Stock requiring disposal is managed in accordance with relevant guidelines, and sharps bins are routinely monitored to ensure correct and timely disposal.</p> <p>Administrative and clinical staff are fully aware of their respective roles and responsibilities in relation to injection management. All staff complete annual training in resuscitation, defibrillation, and anaphylaxis. Spill kits are available in all clinical areas, and staff follow established cleaning checklists for clinical rooms and kitchen areas.</p> <p>The Audiology team demonstrates an open and just culture in relation to incident reporting. Safety huddles are routinely undertaken to identify learning and share findings, with evidence available to support this practice.</p> <p>Duty of Candour is applied in accordance with policy, with information provided to patients both verbally and in writing when harm is suspected, including a clear outline of next steps.</p> <p>Audiology incidents are assessed using the national risk of harm guidance, which supports the identification of both physical and psychological harm levels.</p>		

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		<p>Learning from incidents, as well as the incidents themselves, is discussed within team meetings to ensure staff awareness and to promote continuous improvement. System-wide oversight is provided through the Paediatric Audiology System Oversight Group (PASOG), which actively reviews risks across the pathway and coordinates mutual aid to ensure that patients at highest risk of harm receive timely support. Membership includes representation from a Patient with Lived Experience, local acute providers, the ICB, and NHS England.</p> <p>Incidents of harm are reported through the Trust's DATIX system and reviewed within safety huddles in line with the PSIRF approach. In addition, all incidents of harm are reported directly to the ICB and NHS England via PASOG monthly.</p> <p>A rapid improvement programme is in place within Community Paediatrics, supported by weekly meetings to address the long waiting list. This process includes oversight from the Director of Children's Services and is underpinned by a clear improvement plan, reported through both the Trust and the ICB Programme Boards.</p> <p>Clinical reviews of waiting lists are undertaken every eight weeks, with established escalation processes to ensure</p>		

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		<p>timely identification and management of clinical risk.</p> <p>In Community Paediatrics, as part of the wider service transformation project, a Rapid Transformation Process has also been implemented. This includes the development of an Early Intervention Team to offer support to families while they await an appointment. The service is currently piloting a new skill-mix model to diversify the clinical workforce and broaden assessment capacity for specific conditions. This approach moves away from reliance solely on Community Consultant Paediatricians and introduces a new pathway, supported by completed and approved QIA and EIA processes, to enable assessments by Neurodevelopmental Practitioners, Speech and Language Therapists, Specialist Nurses, Occupational Therapists, or Clinical Psychologists. The pilot aims to increase service capacity and provide access to specialist assessments. Eligibility for the skill-mix pathway is determined using information from the clinical referral against defined criteria.</p> <p>All patients entering the service are directed to an Early Intervention workshop, available in the five most spoken languages, providing initial advice and support for families. The Early Intervention Team also offers</p>		

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		<p>telephone advice, liaison with schools, and additional workshops during the waiting period.</p> <p>The service works across three local authority areas, each of which operates an early awareness neurodevelopmental pathway. This enables teachers and Special Educational Needs Co-ordinators to identify needs early using defined domains and assessment criteria. Schools are expected to implement support for one or two terms. If progress is not observed, the Multi-Disciplinary Team develops a plan to support the child's presenting needs. If difficulties persist, consideration is given as to whether the child requires a specialist skill-mix assessment or a Paediatrician review.</p> <p>For children whose care is not routed through the new pathway, referrals continue to be accepted via the traditional referral portal.</p> <p>Triage guidance has been strengthened to ensure consistent processes across clinicians, and triage training has been extended to a wider group of clinical staff. This means triage is no longer undertaken solely by Paediatricians, thereby releasing medical capacity to increase the number of children seen from the waiting list.</p>		

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	1D: Patients (service users) report positive experiences of the service	<p>Within Cambridgeshire and Peterborough Dynamic Health, staff routinely collect patient feedback, with a high volume of Friends and Family Test (FFT) responses submitted via text message. Feedback is collated by the Co-Production Team, disseminated to staff, and thematic learning is reviewed through the County Operational Governance Group. Shared decision-making processes are embedded across Physiotherapy and Specialist Services, ensuring that patient management options and individual preferences are fully considered.</p> <p>During the reporting period, 98.21% of service users rated the care received from Dynamic Health as Good or Very Good, based on 1,118 FFT responses.</p> <p>Examples of patient feedback include:</p> <p>“I was very well listened to, and attention was given to the cause of my symptoms, the actions I had already taken, and a clear recovery plan was provided. The consultation was professional, unrushed, and time-effective, with reassurance regarding next steps if the treatment plan was not effective.”</p> <p>“The questions and examinations were extremely thorough. The exercises and diagnosis were clearly explained.”</p>	2	

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<p>“The appointment was on time. The clinician demonstrated excellent interpersonal skills, listened carefully, and was clearly knowledgeable and skilled in their specialism.”</p> <p>The Audiology team also receives consistently positive feedback through FFT submissions, quality assurance visits, and peer review activities, highlighting the child- and family-centred approach of the service. Friends and Family Test data show 96% positive feedback. Despite extended waiting times, no formal complaints have been received within the past 12 months. Audiology and support staff continue to receive regular positive comments describing care as kind, empathetic, and compassionate. The most common themes in negative feedback relate to waiting times and parking availability. In Community Paediatrics, between 1 January 2025 and 31 December 2025, 92.68% of respondents rated their experience as Very Good or Good on the Friends and Family Test. Examples of patient feedback include: The doctor explained in a lot of detail in a way we can understand our son’s diagnosis and offered lots of different reading materials</p>		

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<p>around sensory concerns and how to manage them.</p> <p>The staff member I saw was very warming and good at communicating with my daughter who finds it very difficult to speak to health professionals. We were given lots of time and able to discuss queries at ease. They had excellent insight and knowledge. I feel that all staff have gone above and beyond to support myself and son's needs. Particularly in the communication between myself and the consultant, the administration team have been prompt and helpful.</p> <p>The staff member I saw listened to my child, his worries, his fears, his anxiety. She was really understanding and gave such a good advice.</p>		
<b>Domain 1: Commissioned or provided services overall rating</b>			7	

## Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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<p style="text-align: center;"><b>Domain 2: Workforce health and well-being</b></p>	<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<p>Staff wellbeing is a core program in our People strategy and includes a focus on tackling health inequalities. Specific support available to staff includes:</p> <p>Occupational health service providing pre-employment checks, management referrals and self- referrals.</p> <p>Services aimed at reducing health inequalities including:</p> <ul style="list-style-type: none"> <li>• Health risk assessments</li> <li>• Stress at work policy and associated risk assessment, for work related stress.</li> </ul> <p>Commissioned Psychological Wellbeing Service offering:</p> <ul style="list-style-type: none"> <li>• 24/7 counselling services, apps and support to families of staff members</li> <li>• A wide range of therapies from brief intervention to counselling and high intensity therapies</li> <li>• training for managers</li> <li>• A mindfulness offer</li> <li>• Bespoke support commissioned from OH provider as required including to support staff affected by the summer 2024 racial violence.</li> </ul>	<p>3</p>	<p>Chief People Officer and Deputy Chief Executive</p>
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		<p>In house Rapid Access MSK / Physiotherapy service, colleagues can self-refer for advice, guidance and physiotherapy sessions to support MSK health.</p> <p>All colleagues have access to an employee assistance program offering support across the full range of health and personal issues. Access to a 24/7 helpline, 6 free telephone counselling sessions, podcasts, blogs, self-help books and free apps.</p> <p>Health and wellbeing intranet page providing information, resources, and signposting in relation to a wide range of wellbeing topics. (see table below)</p> <p>Active health and wellbeing information via social media accounts allowing colleagues to access the latest information easily and quickly.</p> <p>Biannual HWB newsletter:</p> <ul style="list-style-type: none"> <li>• Signposting for physical activity, healthy eating and mental health support</li> <li>• Promotion of awareness campaigns planned via an annual campaign calendar e.g., know your numbers week, heart health, dry January, national no smoking day.</li> </ul>		
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		<p>Policies developed through active engagement with staff networks</p> <p>Our suite of supportive policies includes:</p> <ul style="list-style-type: none"> <li>• Sickness policy</li> <li>• Supporting disability Staff and Disability Leave policy</li> <li>• Flexible working policy</li> <li>• Remote working policy</li> <li>• Disability Adjustments Passport</li> <li>• Neurodiversity Workplace Guide</li> <li>• Menopause Policy</li> </ul> <p>Managers' educational programmes, covering a range of workforce, wellbeing and OD topics including Training for managers relating to reasonable adjustments and holding well-being conversations.</p> <p>Satisfaction with health and well-being support is measured via the annual staff survey 2024, the organisation takes positive action on health and wellbeing:</p> <p>57.06% National average ( )  Bench marked groups average – 66.8%  75.5% Trust overall  72.62% Disability  72.46% Ethnicity  81.48% Gay, Lesbian</p>		
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Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<p>60.46% Bisexual and other</p> <p>New starters introduced a full range of well-being support and diversity and inclusion commitment available via organisation's induction.</p>		

	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>Action plan to meet the Violence Prevention &amp; Reduction Standards, focused on preventing and reducing incidents from patients and service users.</p> <p>Self-assessment of national Violence Prevention &amp; Reduction standards, with significant improvements in compliance, since first assessment was undertaken in 2021.</p> <p>Datix incident reporting system, with incidents involving staff reported and analysed through the organisation's health and safety governance frameworks</p> <p>Zero tolerance approach and commitment to act in ALL cases.</p> <p>Civility and respect awareness raising</p> <p>Schwartz rounds programme in place in our Adult services'</p> <p>Robust and as required, bespoke, training for staff around conflict resolution, enhanced communication skills and de- escalation.</p> <p>During 2025 bespoke external training commissioned to support teams experiencing aggression from the public,</p>	<p>3</p>	
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		<p>Purple Flag – safe learning environment concerns reporting tool for employed learners, staff and pre-registration learners.</p> <p>WRES:  19.5% of colleagues from ethnic minority backgrounds experienced bullying, harassment and abuse from patients and the public (13.6 % white colleagues)  14.8 % of colleagues from ethnic minority backgrounds experienced bullying, harassment and abuse from colleagues (11.0% white colleagues)</p> <p>WDES:  Colleagues experiencing bullying, harassment, or abuse from patients, relatives or public:  Disabled: 16.3%  Non-disabled: 13.5%</p> <p>Colleagues experiencing bullying, harassment, or abuse from managers:  Disabled: 7.4%  Non-disabled: 3.8%</p> <p>Colleagues experiencing bullying, harassment, or abuse from colleagues:  Disabled: 12.4%  Non-disabled: 8.0%</p>		
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		<p>Annual Staff survey 2023 (*NB bench marked group – Community Trusts):</p> <p>13a) In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public:  National average 14.38 %  Bench marked groups average- 8.3%  Trust Overall 2.89%  Disability 2.44%  Ethnicity 3.28%  Gay, Lesbian, 3.85%  Bisexual and other 2.33%</p> <p>13b) In the last 12 months how many times have you personally experienced physical violence at work from Managers:  National average 0.78%  Bench marked groups average- 0.2%  Trust Overall 0.12%  Disability 0.2%  Ethnicity 0.9%  Gay, Lesbian 3.71%  Bisexual and other 0%</p> <p>13c) In the last 12 months how many times have you personally experienced physical violence at work from other colleagues.  National average 1.9%  Bench marked groups average – 0.8%</p>		
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		<p>Trust Overall 0.12%  Disability 0.20%  Ethnicity 0.9%  Gay, Lesbian 3.71%  Bisexual and other 0%</p> <p>Annual staff survey 2023(*NB bench marked group – Community Trusts):</p> <p>14a) In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public.  National average – 25.09%  Bench marked groups average – 18.5%  Trust Overall - 14.40%  Disability – 16.30%  Ethnicity – 19.55%  Gay, Lesbian – 14.82 %  Bisexual and other 18.61%</p> <p>14b) In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from Managers:  National average -9.47 %  Bench marked groups average – 6.3%  Trust Overall – 5.0%  Disability – 7.36 %</p>		
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Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<p>Ethnicity 7.05- %  Gay, Lesbian – 7.41%  Bisexual and other – 11.91%</p> <p>14c) In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues:  National average – 17.56%  Bench marked groups average – 12.4%  Trust Overall – 9.55%  Disability – 12.39%  Ethnicity – 12.68%  Gay, Lesbian – 7.41%  Bisexual and other – 9.31%</p>		

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
	<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>Support is available through a variety of sources including:</p> <ul style="list-style-type: none"> <li>• Union representatives</li> <li>• Freedom to speak up guardians and champions</li> <li>• Workforce teams</li> <li>• Psychological Wellbeing Hub Service</li> <li>• Employee assistance programme</li> <li>• Occupational health</li> <li>• Mental health first aiders</li> <li>• Health and Wellbeing Champions</li> <li>• Safeguarding team</li> <li>• Volunteer incident supporters</li> <li>• Wellbeing Guardian</li> <li>• See me first Champions</li> <li>• CEO / senior team</li> <li>• Peers via Staff networks</li> <li>• Professional Advocates</li> <li>• In addition, the trust commissioned additional support from our counselling provider for staff following the Summer 2024 racist civil unrest and has since run in house sessions as safe places for staff during civil unrest/ protests etc.</li> </ul>	2	

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
	2D: Staff recommend the organisation as a place to work and receive treatment	<p><b>Staff recommend the organisation as a place to work:</b> Q25c) National average – 60.8 % Bench marked groups average – 66.4% Trust Overall – 76 % Disability – 74.1% Ethnicity – 76.3 % Gay, Lesbian – 70.4 % Bisexual and other –69.0 %</p> <p><b>If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation:</b> Q25d) National average – 64.28% Bench marked groups average – 73.4% Trust Overall –83.7% Disability – 82.2% Ethnicity – 85 % Gay, Lesbian – 85.2% Bisexual and other –83.3%</p>	3	
<b>Domain 2: Workforce health and well-being overall rating</b>			11	

Condition		Support available for staff <i>*list is not exhaustive; more support on each platform</i>
COPD/Asthma	Quit Smoking	<p>CCS intranet: a range of resources and support information i.e.  <b>QUIT SMOKING SUPPORT</b>            Local Stop Smoking Services            Quitting Tips            Stop Smoking Treatments            NHS Quit Smoking app - free.            Get a free Personal Quit Plan</p> <p>Health Assured website:            4 week stopping smoking training plan.            External links to support            Fact sheets and information</p> <p>Wisdom App/website: Articles on the benefits of stopping smoking, links to free national stop smoking campaigns.</p>
	Regular exercise	<p>Trust Intranet:            Articles, videos, podcasts and guides to help staff to get active.</p> <p>Rapid access to physiotherapy            Health Assured website:            Training plan            Fact sheets            Links to external support services</p> <p>Wisdom App/website:            Personalised Four-week programmes, including yoga, mobility for back, HIIT for beginners, upper, middle, lower body exercises etc.</p>

Condition		Support available for staff <i>*list is not exhaustive; more support on each platform</i>
	Maintain Healthy Weight	Trust intranet: BMI health weight calculator Articles/tips/resources to support staff to lose weight loss. Link to support for staff who are underweight. Tips to help staff maintain their weight.  Health Assured website: 4-week health eating training plan Fact sheets Recipes  Wisdom App/website: Healthy recipes Four weeks plans Water intake tracker Tips on reducing caffeine
	Get the Flu vaccination	CCS seasonal flu vaccine programme
	Breathing techniques	Wisdom App/website: Breathing exercises, range of breathing exercises that staff can follow online in their own time.
	Talk to others	Intranet: Details of the Trust's two EAP's counselling services, Health Assured and the Counselling Foundation  The First Response Service provides 24-hour access, seven days a week, 365 days a year, to mental health care, advice and support.
Diabetes	Eat Healthier	Trust intranet: BMI health weight calculator Articles/tips/resources to support staff to lose weight loss.

Condition	Support available for staff <i>*list is not exhaustive; more support on each platform</i>
	<p>Link to support for staff who are underweight.            Tips to help staff maintain their weight.</p> <p>Health Assured website:            4-week health eating training plan            Fact sheets            Recipes</p> <p>Wisdom App/website:            Healthy recipes            Four weeks plans            Water intake tracker            Tips on reducing caffeine</p>
Regular exercise	<p>Trust Intranet:            Articles, videos, podcasts and guides to help staff to get active.</p> <p>Rapid access to physiotherapy            Health Assured website:            Training plan            Fact sheets            Links to external support services</p> <p>Wisdom App/website:            Personalised Four-week programmes, including yoga, mobility for back, HIIT for beginners, upper, middle, lower body exercises etc.</p>
Sleep	<p>Intranet:            Tips on how to get a good night sleep.</p> <p>Health Assured website.            Sleep assessment            Sleep better training plan.</p>

Condition		<b>Support available for staff</b> <i>*list is not exhaustive; more support on each platform</i>
		Wisdom App/website: Podcasts including - Sleep stories. Deep sleep relaxation mediation, countdown for sleep, breathing into sleep. World sleep day articles
	Additional resources	Intranet: Information and links in relation to diabetic eye screening  Wisdom App/Website: Articles on World diabetes day: Articles and newsletter re diabetes
Obesity	Eat Healthier	Trust intranet: BMI health weight calculator Articles/tips/resources to support staff to lose weight loss. Link to support for staff who are underweight. Tips to help staff maintain their weight.  Wisdom website: Healthy recipes Four weeks plans Water intake tracker Tips on reducing caffeine
	Regular exercise	Trust Intranet: Articles, videos, podcasts and guides to help staff to get active.  Rapid access to physiotherapy  Health Assured website:  Wisdom App/website: Personalised Four-week programmes, including yoga, mobility for back, HIIT for beginners, upper, middle, lower body exercises etc.

Condition		<b>Support available for staff</b> <i>*list is not exhaustive; more support on each platform</i>
	Additional Support	Intranet: Information on breast and bowel cancer (can be linked to obesity)  Counselling services (can cause depression): Health assured Counselling foundation
Mental Health conditions		EAP's Health Assured <ul style="list-style-type: none"> <li>- 24-hour counselling helpline, live chat function, call back function, live video calling option</li> <li>- Wisdom AI—a pool of mental health knowledge combined of professional counselling expertise and the latest Artificial Intelligence.</li> </ul> The Counselling Foundation (Luton only staff): <ul style="list-style-type: none"> <li>- Provides a free, confidential service to staff to explore issues impacting on emotional and mental wellbeing.</li> </ul>

## Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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<p style="text-align: center;"><b>Domain 3: Inclusive leadership</b></p>	<p>3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities</p>	<ul style="list-style-type: none"> <li>• Trust Board signed off 3-year refreshed strategy in March 2023. This included 12 ambitions. Four of which are specific in relation to equality and health inequalities.</li> <li>• Trust Board Pledge in place plus individual Trust Board and Wider Executive members pledge for anti-racism.</li> <li>• Cultural Diversity Network / Communications Cascade newsletter includes Board member personal pledges and how they are delivering them.</li> <li>• Trust Board development session with Staff Network Advocates – March 2026.</li> <li>• Trust Board is signed up to the delivery of the system Inclusive Leadership Programme across Cambridgeshire and Peterborough. 4 Board members undertaking the training with 8 other individuals across the Trust. Knowledge will be shared widely.</li> <li>• Trust Board refreshes their Equality and Diversity training every 3 years.</li> <li>• Trust Board are exploring ways to have representation at the Board from more diverse backgrounds including. Two Non-Executive Directors (NEDs) from a Culturally Diverse background and well</li> </ul>	<p style="text-align: center;">3</p>	<p>Chief People Officer and Deputy Chief Executive</p>
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		<p>represented from a gender and disability viewpoint.</p> <ul style="list-style-type: none"> <li>• Senior leadership team and Trust Board Chair undertook unconscious bias training.</li> <li>• People Participation Committee chaired by a Non-Executive Director and included 3 other Board members.</li> <li>• Senior leaders attend Staff Network meetings.</li> <li>• The Trust's leadership behaviours cover ALL staff and include competencies around behaviour which is culturally sensitive and practices equality and diversity.</li> <li>• Diversity mentoring in place and being developed.</li> <li>• Cultural Ambassadors in place to ensure bias is challenged and illuminated from formal management procedures seem to have had a factor, is now embedded in the Trust.</li> <li>• Positive feedback on support from managers in Staff Opinion Survey.</li> <li>• Patient and Staff stories linked to protected characteristics discussed at Trust Board and Clinical Operational Board meetings.</li> </ul>		
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		<ul style="list-style-type: none"> <li>• Mentoring for culturally diverse staff introduced in 2016 and continues.</li> <li>• The responsible officers for Diversity and Inclusion (Staff and Patient) are part of regional diversity networks to share best practice. The Trust has built the NHS Equality and Diversity Principles into the staff behaviours and into specific equality and diversity objectives for anyone who manages staff within the Trust.</li> <li>• Equality and diversity are part of the induction for all staff and for the Skills Development Programme for Line Managers on Management training.</li> <li>• Cultural awareness information is available.</li> <li>• Equality impact assessments are undertaken on ALL major changes, policies and procedures within the Trust.</li> <li>• The Trust supports staff on national and regional positive action programmes.</li> <li>• The Trust supports a variety of diversity and inclusion days and initiatives throughout the year.</li> <li>• Regularly articles in staff communications promoting diversity and inclusion.</li> <li>• Diverse interview panels are in place for all interviews.</li> </ul>		
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Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<ul style="list-style-type: none"> <li>• Robust Bullying and Harassment Policy which specifically addresses robust line management and bullying and harassment.</li> <li>• Agreed Outcomes Policy introduced in 2018 to support resolution to issues and minimise negative outcomes.</li> <li>• Freedom to Speak Up Guardian and Champions to support staff to raise issues.</li> <li>• The Trust is rolling out all actions in relation to 'No More Tick Boxes' and widening diversity on interview panels.</li> <li>• Leadership Forum have discussed health inequalities and diversity and inclusion activities.</li> <li>• Numerous examples of service changes made to meet health inequalities.</li> <li>• Care Quality Commission 'Outstanding' rating for Trust and 'Well Led Domain'</li> </ul>		

	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<ul style="list-style-type: none"> <li>• The template for the Trust Board and Committee papers includes a section on how the paper addresses health inequalities.</li> <li>• All papers have this section completed.</li> <li>• Quality Impact Assessment (QIA) and Equality Impact Assessment (EIA) policy and process in place.</li> <li>• EIA standard operating process reviewed and amended as required.</li> <li>• QIA and EIA for service changes/ improvements in place.</li> <li>• Integrated Governance Report identifies how we are meeting our local EDS objectives from a provider of services and as an employer perspective.</li> <li>• People Participation and Equalities Committee has oversight of co-production taking place in this area especially in relation to equality and health inequalities.</li> <li>• Workforce Race Equality Standards and Workforce Disability Equality Standards performance and actions also reported here.</li> <li>• The Chief Medical Officer and Chief Nurse and Allied Health Professional</li> </ul>	<p>2</p>	
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Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		Officer led a development session with the Non-Executive Directors on EIAs.		
	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	<ul style="list-style-type: none"> <li>• Trust strategy includes diversity and inclusion ambitions.</li> <li>• Workforce policies.</li> <li>• Co-production work.</li> <li>• Patient Participation and Equalities Committee</li> <li>• Disparity metrics that have been agreed</li> <li>• WRES and WDES reporting and action plans</li> <li>• Gender pay gap reporting and action plans</li> <li>• Trust wide Working Together Group.</li> <li>• Diversity and Inclusion Steering Group.</li> <li>• Bi-annual people strategy update to the Trust Board.</li> <li>• Integrated Governance report includes regular updates to the Trust Board.</li> </ul>	2	
<b>Domain 3: Inclusive leadership overall rating</b>			<b>7</b>	
<b>Third-party involvement in Domain 3 rating and review</b>				

**Trade Union Rep(s):**

**Independent Evaluator(s)/Peer Reviewer(s):**

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**

<b>EDS Action Plan</b>	
<b>EDS Lead</b>	<b>Year(s) active</b>
Company Secretary	2026-27
<b>EDS Sponsor</b>	<b>Authorisation date</b>
Chief People Officer and Deputy Chief Executive	4 February 2026

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	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.	September 2026
		Build greater consistency in EDI practice across the Trust by understanding and addressing variation in practice. Ensure 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 practice. 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.	March 2027

1B: Individual patients (service users) health needs are met	<p>To enhance the Trust's capability to collect, monitor, and interpret demographic data 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.</p> <p>Co-produce a new, Trust-wide Learning Disability &amp; Learning Difficulty – Inclusion and Accessibility Strategy by working collaboratively across the newly formed Trust.</p>	<p>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.</p> <p>Work collaboratively as a new Trust to co-produce a refreshed, Trust-wide Learning Disability &amp; 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.</p>	<p>March 2027</p> <p>March 2027</p>
	1C: When patients (service users) use the service, they are free from harm	<p>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.</p>	<p>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.</p>

	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>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.</p>	<p>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.</p>	<p>March 2027</p>
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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	When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	To continue to work with our Occupational Health Providers on support for staff in these areas and to share public health information via the staff Intranet.	March 2027
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	When at work, staff are free from abuse, harassment, bullying and physical violence from any source	To harmonise the support policies for managing abuse, harassment, bullying and physical violence.  Act on any incidences as they occur.	March 2027  Ongoing
			To implement our Violent reduction action plan in line with the national framework.	March 2027
2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	To continue to offer confidential counselling services and a range of other support offers to all staff including commissioning bespoke critical incident support, as required.	Ongoing	

	2D: Staff recommend the organisation as a place to work and receive treatment	Staff recommend the organisation as a place to work and receive treatment	<p>To continue to act on concerns raised by staff, which are measured by the NHS Staff Survey.</p> <p>To invest in the health and wellbeing of our workforce, including improving the environment and equipment used by our teams.</p>	Ongoing
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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	During 2026 and 2027, roll out to all leaders (team lead and above), our approach to Leading with Cultural Intelligence.	To deliver training to leaders at all levels starting with utilising existing team meeting structures and to further review this rollout in 2027.  To embed cultural intelligence into our internal training programmes and Trust induction.	March 2028  September 2026
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	All Board Members to commit to a personal inclusion pledge.	All Trust Board members to commit to a personal inclusion pledge and to demonstrate how they are showing this in their board role.	September 2026
	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 strengthen our diversity mentoring and coaching offer to all staff.	To increase the number of diversity mentors.  To increase the number of coaches.	January 2027

