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NHS England

NHS Equality Delivery System 2022

EDS Reporting Template

Version 1, 15 August 2022

Contents

Equality Delivery System for the NHS

The EDS Reporting Template

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

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

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

NHS Equality Delivery System (EDS)

Name of Organisation		**North Lincolnshire and Goole NHS Foundation Trust (NLaG) Hull University Teaching Hospitals (HUTH)**	**Organisation Board Sponsor/Lead**
			Andy Haywood/ Simon Nearney
Name of Integrated Care System		Humber and North Yorkshire	

EDS Lead	Jackie Railton/Karl Portz		**At what level has this been completed?**	
				***List organisations**
EDS engagement date(s)	2025/ 2026		**Individual organisation**	
			Partnership* (two or more organisations)	Humber Health Partnership (HHP), comprising: Northern Lincolnshire and Goole NHS Foundation Trust (NLaG); Hull University Teaching Hospitals NHS Trust
			Integrated Care System-wide*	

Date completed	May 2026	**Month and year published**	July 2026
Date authorised	May 2026	**Revision date**	May 2027

	Action/activity	Related equality objectives
Domain 1: Target Lung Health Check	To discuss further with the local Cancer Alliance and begin planning to capture local Traveller populations in 2025. **Multiple further attempts to engage with this community have occurred, although it has been found that there are many non-smokers and patients reported within incorrect age categories. As such, it has been difficult to identify a sufficient cohort of patients.**	Patients (service users) have required levels of access to the service
	To review the availability of flagging for LD patients within the EPR. **It has been established that this capability does exist within the currently used systems, although this cohort of patients are currently identified via an alternative method.**	Individual patients (service users) health needs are met
	To ensure that examples of excellent patient care/ where staff make adjustments for individual patient needs are recorded. **These are recorded within Lorenzo/ SystmOne, as appropriate.**	Individual patients (service users) health needs are met
	To develop and implement a process to ensure the regular collection and review of patient feedback **Work is ongoing to implement the Friends and Family Test across the service.**	Patients (service users) report positive experiences of the service
	To ensure that patient feedback is retained and reported on. **Work is ongoing to implement the Friends and Family Test across the service**	Patients (service users) report positive experiences of the service
	To explore the potential for collecting patient experience data via the TLHC website. This would include an explanation of the purpose behind the data collection, to encourage more patients to participate.	Patients (service users) report positive experiences of the service

	Work is being currently being carried out by the Cancer Alliance to identify potential ways to reduce DNA rates.	
Domain 1: Virtual Ward	To continue working with system partners to extend step-up care from GPs to a 7- day service in the future. **Work continues to progress with this, though there are no significant gaps. There are clear plans in place to escalate to Consultant cover over weekends and bank holidays, as required.**	Patients (service users) have required levels of access to the service
	To continue work with the Transitional Lead Nurse in relation to care plans for patients with Learning Disabilities, and providing education on the care plans **Complete. "My Life Book" is now in place, and will be uploaded to WebV and SystmOne by the appropriate teams.** **Currently awaiting the implementation of a suitable code within the Reasonable Adjustment Flag by the national team.**	Individual patients (service users) health needs are met
	To discuss with patient experience/ incident reporting to see if it would be possible to introduce a system for reporting positive feedback/ examples of good practice ('Greatix') **Complete. Positive feedback can now be recorded on Ulysses, allowing staff to leave comments and report examples of good practice.**	Patients (service users) report positive experiences of the service
	To review physical copies of previously received feedback, as there were noted issues with FFT reporting due to data collection being within the short stay ward **Complete. Monthly FFT reports are now received via email by the Virtual Ward team, Team Lead and Matron.** **Feedback is also shared with the wider team during monthly Governance Board meetings.** **Patients can provide feedback via text message, scanning a QR code, or by completing a paper copy of the form.** **Staff continue to offer support to patients to ensure feedback can be provided.**	Patients (service users) report positive experiences of the service

Completed actions from previous year		
	Action/activity	**Related equality objectives**
Domain 2: Workforce health and well-being (NLaG)	• Offerings in relation to general health for staff including Health and Wellbeing Ambassadors, wellbeing programme/conversations, coaches, mentors and cultural ambassadors in some areas. • Occupational Health can refer for counselling and staff can self-refer via Employee Assistance and CIC. • We have a menopause peer to peer support group. • Mental Health First Aiders in some areas • Promoted Health Awareness Campaigns to support a variety of health conditions. • We adopted Trauma, Risk Incident Management (TRiM)	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions
	• We have recently signed up to a sexual harassment charter. • We promote a just and learning culture. • Proved Unconscious Bias training challenging thoughts and behaviour Introduced • Zero Tolerance to Racism, Zero Tolerance to LGBTQIA+ and Zero Tolerance to Ableism Discrimination frameworks rolled out.	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source
	• The Freedom to Speak up Guardian established a network of Champions in some areas and attends numerous committee meetings. • Staff Networks are set up • Trade Union Partnership is in place. • Occupational Health support through CIC. • An HR helpline is in place and staff can access HR team support. • Established pastoral support nursing team within the Nursing Directorate.	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source
	• 52.9% of staff recommend the Trust as a place to work, this has increased from 44.8% the previous year. • 52.% are happy with the care provided for a friend or relative which has increased from 45% the previous year.	2D: Staff recommend the organisation as a place to work and receive treatment

Completed actions from previous year		
	Action/activity	**Related equality objectives**
Domain 2: Workforce health and well-being (HUTH)	• We have mature offerings in relation to General Health for staff, Coaches, Mentors, Mediators. • Dedicated psychologists for Staff Support in ICU • OH can refer for counselling and Staff can self-refer • EDI can refer directly for counselling for people with protected characteristics when required • Staff can also directly receive support by accessing the groupwide Confidential Care Employee Assistance Programme • We have embedded Trauma Risk Incident Management • Staff have access to the Tobacco Dependence Treatment Team • We promoted a number Health Awareness Campaigns to support a variety of health conditions.	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions
	• Reviewed Staff Conflict Resolution & Professionalism Policy • The Trust launched a Period Dignity with discreet support, for topics such as menopause, domestic violence & women's health. • Established in 2024 Domestic Abuse Champions. • We re-launched Zero Tolerance framework re-launched Zero Tolerance to Racism Framework & Reporting tool being utilised by staff	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source
	• The Freedom to Speak up Guardian established a network of Champions and attends numerous committee meetings and is also now Full Time dedicated to the role. • Access to a Communications Officer across a number of communication channels. • The number of concerns being raised has risen year on year, indicating that staff are increasingly aware of the role and comfortable with raising their concerns. • The Trust operates a Speak Up Champion Network, with local volunteers promoting speaking up and signposting their colleagues to the Guardian role. • Staff Networks are active and provide support with all network chairs in promoting wellbeing • Staff-side are also influential in providing impartial support to staff	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source

	• Support is available from Occupational Health, Psychological Counselling services, Coaching networks and Mentoring networks • We have independent support groups led by some ethnic minority staff • The nursing directorate has an established pastoral support team	
	• 48% of staff recommend the Trust as a place to work • 52% are happy with the care provided for a friend or relative	2D: Staff recommend the organisation as a place to work and receive treatment

EDS Rating and Score Card

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

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

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

Domain 1: Commissioned or provided services

Community Diagnostic Centres (CDCs)

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Patients who are eligible are able to access CDC services. This is demonstrated via referrals/bookings, patient feedback and staff feedback. CDC facilities meet minimum national access requirements ie imaging, physiological and pathology testing and have been built in central locations to provide improved physical access to diagnostic services away from hospital sites. Services are not yet at capacity and work is needed to increase utilisation of CDCs.	2	Leah Stabler
	1B: Individual patients (service users) health needs are met	Patients attend the CDCs for the diagnostic tests for which they have been referred. During the period of the test(s), their health needs are met, ie are able to undergo the test(s) and are supported during the procedure(s). In a number of instances patients have been able to attend once at a CDC for multiple tests, negating the need for multiple hospital attendances. Reasonable adjustments are made where appropriate.	2	Leah Stabler

	1C: When patients (service users) use the service, they are free from harm	Diagnostic testing is undertaken in accordance with national standards to ensure patient safety. Any incidents are reported via Trust incident reporting systems and processes and analysed. Reports for Incidents and PALS/Complaints used as evidence.	2	Leah Stabler
	1D: Patients (service users) report positive experiences of the service	Patient survey results have reported that the majority of patients have had a positive experience of the CDCs with the locations being easy to find and access, friendly staff, timeliness of appointments, clean and modern environment.	2	Leah Stabler
Domain 1: Commissioned or provided services overall rating			8	

Domain 1: Commissioned or provided services

Diabetic Eye Screening Programme (DESP)

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	All eligible patients living with diabetes are offered a screening or surveillance appointment in line with NHSE DES guidance. Robust NHSE DES failsafe processes in place to ensure eligible cohort are invited. Those with additional needs are offered an appointment at an accessible venue/ can access patient transport. The service works with local prisons and secure mental health facilities to identify and enable eligible patients within these cohorts to access Diabetic Eye Screening. Furthermore, the Open Door GP based in Grimsby provides primary healthcare to vulnerable groups, including homeless people –registration with this practice will result in the patient receiving a formal invitation for DESP, where required. An annual Health Equity Audit is also carried out by the DESP, which provides a great deal of information on patient attendance split across a range of different cohorts.	3	Ms Helen Cook/ Natalie Holmes
	1B: Individual patients (service users) health needs are met	Humber DESP operates in line with NHSE DES guidance and HUTH Trust guidance. All staff are trained in line with NHSE DES requirements. Reasonable adjustments are made to facilitate screening if required, although it is not possible to	2	Ms Helen Cook/ Natalie Holmes

		identify all needs via the Electronic Patient Record, so this can sometimes be reliant on patients getting in touch with the service to inform them.		
	1C: When patients (service users) use the service, they are free from harm	Harm incidents are recorded via Datix/ Ulysses incident reporting. A very small number of harms have been recorded over the last 12 months, none of which relate to harms that have occurred as a result of/ during the screening process (e.g. 1 patient fall; 1 patient seizure; 1 patient experiencing a hypoglycaemic episode). Any service risks and patient harms are routinely monitored by the service.	2	Ms Helen Cook/ Natalie Holmes
	1D: Patients (service users) report positive experiences of the service	The service notes that a patient survey has not been undertaken for an extended period of time, due to a number of factors, including staffing vacancies and changes in Friends and Family system at HUTH. There have been a total of 5 formal compliments received in the last 12 months, with no formal complaints and 5 PALS contacts (relating to administrative queries). As such, with approximately 62,000 patients, it is encouraging that very few patients have reported negative experiences.	1	Ms Helen Cook/ Natalie Holmes
Domain 1: Commissioned or provided services overall rating			8	

Domain 2: Workforce health and well-being (NLaG)

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Occupational Health continues support staff with long-term physical and mental health conditions. Staff have access to confidential Occupational Health assessments with onward signposting to counselling and psychological support where clinically indicated. Work Related Stress Risk Assessment available for staff if required. Equality, Diversity and Inclusion Steering Group has been reviewed and meetings scheduled in diary for the year. Staff have access to newly appointed H&WB practitioners as of August 2025-March 2026. Staff are invited and encouraged to join physical activity sessions such as yoga, tai chi, running and walking groups to help with weight management, general movement and social inclusion. Along with this a group-wide Strava group has been set up to allow for accountability and progress and connect with colleagues on a group level. There is a self-help portal 'ELE' that be accessed for a range of wellbeing topics or to enhance their knowledge on various wellbeing aspects Autism Peer Support Project has been newly launched to support parents with children with autism and give shared experiences	2	Oluwaseun Akindolie Peter OSullivan Karl Portz Kerrie Fletcher Alex Dwyer Nicola Hellewell

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Sexual harassment charter signed, and circle group meetings set up and commenced to review reports. Unconscious Bias training rolled out group wide to educate, challenge behaviours and to give staff the support. Zero Tolerance to Racism and Zero Tolerance to LGBTQIA+ Discrimination and Zero Tolerance to Ableism frameworks embedded. Zero Tolerance circle groups have action plans following incident reviews, including escalation, education, and HR processes. We follow the safeguarding procedures for adults and children as required. We provide safeguarding training in line with the Intercollegiate Documents for adults and children. We have policies for Domestic Abuse and can signpost to specialist DA services (Domestic Abuse Guidance for NLAG Staff / Trust Domestic Abuse Policy DCM060) Co located IDVA (independent domestic Violence Advocate) based within the safeguarding team Sexual Safety Strategy and staff referral process in place to include the sexual harassment charter' to 'sexual safety charter'	1	Mano Jamieson Karl Portz Lynne Benefer Vicky Thersby Ben Greenwood Nicola Hellewell

		Roll out of HIV confident campaign and charter mark and the connection to psychological support services. Mediation Skills for Managers training is provided via online webinar to give managers and supervisors the knowledge and skills to resolve staff-staff conflict in-house through mediated dialogue.		

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Staff continue to have access to independent support via Occupational Health Employee Assistance Programme (CIC) and signposting for psychological support REACH programme being rolled out Mental health crisis support and suicide prevention work underway. TRIM service for traumatic events to being embedded. Pastoral and spiritual care teams in supporting staff rolled out across the Trust Health and wellbeing ambassadors and HR as sources of independent support, reinforcing resources are being rolled out across the Trust Signposting staff members to the Domestic Abuse Coordinator/Safeguarding Team when indicated. The number of staff contacting the NLaG FTSUG has increased year on year since the current FTSUG came into post, and it is expected that this trend will continue for the current financial year. This indicates that staff are aware that they have access to independent support and are using it. The concerns coming to the FTSUG include stress, bullying & harassment and physical violence	2	Oluwaseun Akindolie Peter OSullivan Liz Houchin Fran Moverley Ben Greenwood Nicola Hellewell Patricia Mckenna

		The NLaG FTSUG continues to be promoted through a variety of communications and sees staff at a location of your choice across the Trust footprint. The NLaG Speak Up Champion Network has increased to c.24 Champions across the Care Groups and Corporate services. The HHP Mediation Service provides independent advice and support to managers and other staff where there has been a breakdown in a working relationship that is suitable for informal resolution through mediated dialogue.		
	2D: Staff recommend the organisation as a place to work and receive treatment	The NSS 2024 (most recent published score) Score for recommending the trust as place to work at NLAG 47% down on the previous year 53% In NLAG 49% would be happy for a relative to receive treatment at NLAG	1	
Domain 2: Workforce health and well-being overall rating			6	

Domain 2: Workforce health and well-being (HUTH)

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Occupational Health continues support staff with long-term physical and mental health conditions. Employee Assistance Programme (CIC) and signposting for psychological support REACH programme being rolled out Mental health crisis support and suicide prevention work underway Staff have access to confidential Occupational Health assessments with onward signposting to counselling and psychological support where clinically indicated. Work Related Stress Risk Assessment available for staff if required. Equality, Diversity and Inclusion Steering Group has been reviewed and meetings scheduled in diary for the year. Staff Support Psychology provides the following: i)1:1 support and evidence- based therapy for staff. ii)Post incident group support to complement TRiM for using	2	Oluwaseun Akindolie Pete OSullivan Karl Portz Kerry Smith Amy Stuart Kerrie Fletcher Alex Dwyer Nicola Hellewell

		a cold debriefing model (CISM). iii)Psychological wellbeing psychoeducation and preventative team support. Staff have access to newly appointed H&WB practitioners as of August 2025-March 2026. Autism Peer Support Project has been newly launched to support parents with children with autism and give shared experiences There is a self-help portal 'ELE' that be accessed for a range of wellbeing topics or to enhance their knowledge on various wellbeing aspects Staff are invited and encouraged to join physical activity sessions such as yoga, tai chi, running and walking groups to help with weight management, general movement and social inclusion. Along with this a group-wide Strava group has been set up to allow for accountability and progress and connect with colleagues on a group level.		

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Staff Support Psychology can be accessed for support following workplace incidents. There is an EMDR therapy pathway for staff who have experienced trauma in the workplace. Zero Tolerance to Racism and Zero Tolerance to LGBTQIA+ Discrimination and Zero Tolerance to Ableism frameworks embedded. Zero Tolerance circle groups have action plans following incident reviews, including escalation, education, and HR processes. We provide safeguarding training in line with the Intercollegiate Documents for adults and children. We have policies for Domestic Abuse and can signpost to specialist DA services (Domestic Abuse Guidance for NLAG Staff / Trust Domestic Abuse Policy DCM060) Co located IDVA (independent domestic Violence Advocate) based within the safeguarding team Sexual Safety Strategy and staff referral process in place Sexual Safety Strategy and staff referral process in place to include the sexual harassment charter' to 'sexual safety charter'	2	Kerry Smith Karl Portz Mano Jamieson Lynne Benefer Vicky Thersby Ben Greenwood Nicola Hellewell

		Roll out of HIV confident campaign and charter mark and the connection to psychological support services. Conflict Avoidance and Resolution Training is a mandatory requirement for all patient facing staff. The training is provided both in the classroom and via online webinar and is supported by a national eLearning for Health package. Mediation Skills for Managers training is provided both in the classroom and via online webinar to give managers and supervisors the knowledge and skills to resolve staff-staff conflict in-house through mediated dialogue.		

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Staff continue to have access to independent support via Occupational Health Employee Assistance Programme (CIC) and signposting for psychological support REACH programme being rolled out Mental health crisis support, and suicide prevention work underway. TRIM service for traumatic events to being embedded. Pastoral and spiritual care teams in supporting staff rolled out across the Trust Health and wellbeing ambassadors and HR as sources of independent support, reinforcing resources are being rolled out across the Trust Signposting staff members to the Domestic Abuse Coordinator/Safeguarding Team when indicated. We follow the safeguarding procedures for adults and children as required. We provide safeguarding training in line with the Intercollegiate Documents for adults and children. We have policies for Domestic Abuse and can signpost to specialist DA services (Domestic Abuse Guidance for NLAG Staff / Trust Domestic Abuse Policy DCM060)	3	Oluwaseun Akindolie Pete OSullivan Lynne Benefer Vicky Thersby Liz Houchin Fran Moverley Kerry Smith Ben Greenwood Nicola Hellewell Karen Mechen Michio Abe

		The number of staff contacting the HUTH FTSUG increased 35% from 2023/2024 to 2024/2025 and is predicted to further increase in 2025/2026. This has included cases related to bullying, harassment, stress, abuse and physical violence. The HUTH FTSUG continues to be promoted through a variety of communications and since June 2025 has consistent monthly drop ins advertised at HRI, CHH and MS Teams to promote visibility and accessibility to the FTSUG. The HUTH Speak Up Champion Network has increased to c.60 Champions across the Care Groups and Corporate services. The feedback survey provided to staff who have spoken up, regularly shows that 100% of staff would speak up to the FTSUG again. In February 2025, the HUTH FTSUG was requested by NHS Resolution as a keynote speaker at a Board level Just Culture event. Staff Support Psychology can assess the impact on individuals of stress, bullying and harassment and offer psychological therapies including first line low intensity interventions, High Intensity Therapy or signpost appropriately to other services.		

		The HHP Mediation Service provides independent advice and support to managers and other staff where there has been a breakdown in a working relationship that is suitable for informal resolution through mediated dialogue.		
	2D: Staff recommend the organisation as a place to work and receive treatment	The NSS 2024 (most recent published score) Score for recommending the trust as place to work at HUTH is 50% down on the previous year 55%. In HUTH 52% would be happy for a relative to receive treatment at HUTH	1	
Domain 2: Workforce health and well-being overall rating			8	

Domain 3: Inclusive leadership (NLAG/HUTH)

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding	The Trust Board received a development session on Equality, Diversity and Inclusion which included the subject of Health Inequalities.	2	Matt Smith Karl Portz Mano Jamieson Nicolla Hellewell

	of, and commitment to, equality and health inequalities	Performance monitoring through reporting on gender pay gap, workforce race equality, workforce disability equality standard, accessible information standards, and EDS 22 An independent Equality Diversity and Inclusion Steering Group has recently been formed. We have the Tailored Adjustment Form to support staff with long term conditions and disabilities and also a disability policy is in place. Staff equality networks and recently each network has an executive lead/sponsor. EDI steering group is established. REACH service for support of managers to meet reasonable adjustments is now in place		

	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Equality, Diversity and Inclusion Steering Group is now established in the Board governance process. Workforce Education & Culture Committee (WECC) consider all EDI related papers. The Trust has an Equality Impact Assessment policy and framework to ensure Policies, Procedures and Functions identify and address equality and health inequalities. Gender Pay Gap, Workforce Race Equality Standard, Workforce Disability Equality Standard, Accessible information Standards & EDS 2022 all not only go to EDI Steering Group & WECC but are also reviewed and approved at Trust Board	1	
	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	Gender Pay Gap, Workforce Race Equality Standard, Workforce Disability Equality Standard, Accessible information Standards & EDS 2022 all not only go to EDI Steering Group & WECC but are also reviewed and approved at Trust Board	2	
Domain 3: Inclusive leadership overall rating			5	
Third-party involvement in Domain 3 rating and review				

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**

EDS Action Plan	
EDS Lead	**Year(s) active**
EDS Sponsor	**Authorisation date**

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	**Community Diagnostic Centres (CDCs)** • To review data recorded via Business Intelligence systems to establish whether this would be suitable for use in assessing how different cohorts of patients linked to the EDS are accessing these services.	**Community Diagnostic Centres (CDCs)** • To request data from the BI team to establish which patient cohorts relating to the EDS can be identified, and how each cohort of patients has accessed services via the CDCs • Review and utilisation of data on an ongoing basis to ensure equality of access to services where appropriate.	March 2026 Ongoing

	1B: Individual patients (service users) health needs are met	**Community Diagnostic Centres (CDCs)** • To gather further patient experience information from service users	**Community Diagnostic Centres (CDCs)** • To conduct a locally-developed patient survey to incorporate demographic information and questions focused on the key outcomes of the EDS	December 2026
	1C: When patients (service users) use the service, they are free from harm	**Community Diagnostic Centres (CDCs)** • To ensure that the General Manager of the Community Diagnostic Centres receives information on all risks and incidents occurring within the CDCs, regardless of the specialty under which these are reported.	**Community Diagnostic Centres (CDCs)** • To continue discussions with colleagues in Risk Management and Patient Safety to ensure that information on all risks and incidents occurring within the CDC sites are automatically shared with the General Manager.	April 2026

	1D: Patients (service users) report positive experiences of the service	**Community Diagnostic Centres (CDCs)** • To ensure that the General Manager of the Community Diagnostic Centres receives information on all patient feedback relating to services provided within the CDCs, regardless of which specialty area the feedback relates to. • To gather further patient experience information from service users **Humber DESP** • To gather patient experience information from service users	**Community Diagnostic Centres (CDCs)** • To continue discussions with colleagues in Patient Experience to ensure that information on all risks and incidents occurring within the CDC sites are automatically shared with the General Manager. • To continue discussions with colleagues in Patient Experience to facilitate the implementation of the Friends and Family Test for both of the CDCs. • To conduct a locally-developed patient survey to incorporate demographic information and questions focused on the key outcomes of the EDS **Humber DESP** • To ensure the Friends and Family Test is implemented, and that data is collected and reviewed on an ongoing basis.	April 2026 April 2026 December 2026 April 2026

			• To conduct a patient survey focusing on specific aspects of the service (e.g. the implementation of OCT (Optical Coherence Tomography) scanning). • To include patient demographics and protected characteristics within future survey activity, to monitor service provision and any specific needs of these patient groups.	December 2026 December 2026

EDS Action Plan

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	To identify what support is needed for each condition and scope out what capacity is needed to offer the level of support required.	To complete capacity and demand exercise for each condition To look at adequacy of mental health support and benchmarking against occupational health actions, and have a comprehensive gap analysis While psychological services are offered to all groups, data on protected characteristics is not routinely captured, suggesting future review to maximise impact. Need to incorporate health and wellbeing strategy updates, professional nurse advocates PNA service usage, ICU staff support, and safeguarding and restorative clinical supervision. To prioritise interventions using the Health and Wellbeing MDT to identify and allocate resources	March 2026

			Roll out or promote interventions identified To roll out the Health and Wellbeing framework – including to training staff in health coaching	
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	To reduce number of staff reporting experiences of abuse, harassment, bullying & physical violence in the staff survey	To further review and further embed Zero Tolerance to discrimination frameworks and reporting tools focussing on Race, Disability and LGBTQ+ and Ableism To create clear roles and responsibilities for line managers in protecting their staff form harm including supporting them to upskill and increase their confidence in dealing with challenging situations To roll out the Inclusivity Academy including our in house more in depth EDI mandatory training model for the whole group.	Aril 2026 May 2026 June 2026

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	To ensure that a full range of support is available that enables staff to speak up, get support and get their issue resolved without having a permanent impact on their work life and health.	To fully review current routes of advice and ensure that they are fully accessible. To fully maximise the Freedom to Speak Up Guardian Services including the network of FTSU Champions with a focus on EDI related complaints. To further embed and support our Network Chairs and Vice Chairs to offer support and advice including creating a regular supervision and support sessions for them led by the FTSUG and the Director of Learning and OD. To encourage our staff from protected characteristics to join a union to allow them access to external and impartial support.	June 2026 June 2026 April 2026 April 2026

	2D: Staff recommend the organisation as a place to work and receive treatment	Develop a values led culture that ensures all staff feel valued, welcome and creates a safe working environment, which ultimately translates into better and safer patient care.	Creation of a single door to development offer via the Learning Improvement and Safety Academy which will support individual and team development including career development, coaching and mentoring, CQI, bespoke team development, clinical and non-clinical training. Maintain a strong leadership development and people management approach that is compassionate and inclusive through a wide range of interventions: • Development programmes • Bespoke work with teams • Coaching and mentoring • Clear metrics and feedback to managers on their progress Continue and rollout a group wide Professionalism and Civility Programme (PACT) to ensure all staff understand what is expected of them in creating a healthy work culture.	December 2026

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	To embed Equality, Diversity and Inclusion, and Health Inequalities into the personal performance objectives for our Band 9 and VSM leaders	Include Care Group measures on EDI, staff survey scores in accountability to Trust Board along with Action Plans for improvement All relevant managers have EDI and Health Inequality objectives built into their appraisals. Care Group and Director Level WRES/WDES/LGBTQ objectives and progress tracking built into reporting and governance structures for the Group	June 2026 December 2026 December 2026
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Introduce accountability for Equality, Diversity and Inclusion activity and Health Inequalities at Board Committee level	Ensure Equality and Health Inequality impact assessments are reviewed at relevant Board Committee when service changes are introduced Training and Coaching for NED's to ensure that they are able to critically challenge the Exec team when impact assessments are being discussed and agreed at committees and Trust Board.	July 2026 July 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 demonstrate that we have clear metrics and governance in place that allow both executives and non-executives to identify and track improvements for both staff and patients.	To ensure that the new Group Structure governance arrangements are able to identify improvements, hold our Care Groups and Corporate Directorates to account for both remedial and proactive actions required. To work with executive and site teams to ensure that they are pursuing performance for these objectives as part of their routine performance meetings and structures.	April 2026 September 2026

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