NHS Equality Delivery System 2022

EDS Reporting Template

January 2026
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		**Worcestershire Acute Hospitals NHS Trust**	**Organisation Board Sponsor/Lead**
			Chief People Officer Chief Nursing Officer
Name of Integrated Care System		Herefordshire and Worcestershire ICB	

EDS Lead	Organisational Development Team Patient, Carer and Public Engagement Team		**At what level has this been completed?**	
				***List organisations**
EDS engagement date(s)	Fundamentals of Care group (Jan 2026) Culture steering group (Nov 2025)		**Individual organisation**	Worcestershire Acute Hospitals NHS Trust
			Partnership* (two or more organisations)	
			Integrated Care System-wide*	

Date completed	January 2026	**Month and year published**	February 2026
Date authorised	3 February 2026	**Revision date**	

Completed actions from previous year	
Action/activity	**Related equality objectives**
We continued to support and promote a Carer Friendly Worcestershire (All Age Carers Strategy) and staff awareness; actions included continued collaborative partnerships and approaches with local partners and networks. We report on our activity annually in our Equality, Diversity, Accessibility and Inclusion report. The most recent report can be accessed here: worcsacute.nhs.uk/~documents/equality-and-diversity We achieved all actions which included reviewing the Trust website to ensure that signposting and resources are in place to support our aim to be "Carer Aware". We focused on staff awareness of interpreting and translation services and continue to offer flexibility and choice with how to book and access interpreters – face to face, telephone, video relay and video on demand. A staff rolling training programme is in place to support with booking interpreters and we provided staff drop in sessions in 2025 across our hospitals. We have a dedicated online staff portal to support with staff awareness – this links with our pages on Deaf Awareness in our Equality, Diversity and Inclusion Hub as well as links to resources which include training videos, posters, community events and explaining how hearing loops work for example. We continued to review carer information, for example through our Patient, Carer and Public Engagement steering group which includes staffing colleagues and partners from Worcestershire Association of Carers, HealthWatch and the Patient and Public Forum.	Patients (service users) have required levels of access to the service.
We launched one Easy Read *Big Quality Conversation* survey which was available online, and paper based. We worked with local partners to develop this. In 2026 we developed our face to face engagement with a greater number of external collaborative partnerships, with a focus on health inequalities and reaching out to the local voluntary and community sector. We report on our approaches annually in our Quality Account which can be accessed here: Annual Reports and Quality Accounts - Worcestershire Acute Hospitals NHS Trust and in our annual Equality, Diversity, Accessibility and inclusion report.	Support patients to be involved in their healthcare needs and support shared decision-making.

We continued to develop our strategic approach to patient involvement and explore ways to capture feedback in different ways. We have reported on details in our Quality Account and our annual Equality, Diversity, Accessibility and Inclusion report – actions included active engagement with our Inpatient survey, monitoring feedback from patients and developing action plans and improvement where required, developments with our Friends and Family test and Patient Voice and Involvement strategy; we continued to develop our Ward Accreditation programme and Quality Visits which we carry out with patient representatives and which also provides “real time” patient feedback about good care and areas of concern. We further developed the patient representative engagement programme, which is called the Patient and Public Forum (PPF). This is a collaboration between the Trust and patient and carer representatives. The programme includes regular visits and joint assessments, representing patient views at Trust committees and groups, supporting improvement plans and projects and meeting formally every two months to share updates, review outcomes and plan ahead. The PPF now submit a report to the Trust Board every six months. More information, including how the group is making a difference, can be found here: Patient and public forum - Worcestershire Acute Hospitals NHS Trust	
We have continued to work with our Patient Safety Partners and have continued to embed the Patient Safety Incident response framework (PSIRF) which was implemented in January 2024. We have continued to include our question in the *Big Quality Conversation* annual survey about “Feeling Safe”. Responses will continue to be analysed and themed annually. Results are shared with Fundamentals of Care Leads. We continued to develop our Quality Priorities from patient feedback, and we report on actions and progress in our annual Quality Account.	When patients (service users) use the service, they are free from harm.
We continued to develop our partnership with AccessAble and in 2025 we signed up to a further 5 years to work together. All actions have been achieved, and we report on progress in our annual reports, via our Fundamentals of Care and Quality Governance committees, as well as to the Patient and Public Forum (PPF). We have included information about AccessAble on the back of our patient letters and have worked closely with AccessAble to advise us on a range of new initiatives in 2025, which includes our new Communication Passport. Details can be found in our Equality, Diversity, Accessibility and	Patients (service users) report positive experiences of the service.

Inclusion annual report. Our Hospital Passports can be found on our website and are available for staff via internal training pages. We promoted our partnership with Word360 who is our current provider for interpreting and translation, with a focus on quality improvement and delivery of services. Following our successful trials of Interpreting on Demand machines, we now have 17 dedicated machines across our hospitals. Staff can also access video interpreting (pre-booked and on demand) via a variety of other methods as well as face to face and telephone. Our approaches continue to be developed in response to patient and staff feedback and learning from other hospitals. We continued to promote our services to support patients who communicate in British Sigh Language. This included ongoing promotion and awareness raising of our co-produced "*I am Deaf*" card which includes a "*check a booking*" facility to give confidence to our d/Deaf patients. Our approaches have been commended by local organizations including HealthWatch. Our actions include printing and delivering 10,000 cards across our hospitals and with local organisations and community groups. We have continued to go into the local community to raise awareness and to have ongoing conversations about healthcare experiences. Our approaches continue to be developed in response to patient and staff feedback. We monitored the numbers of compliments recorded and continued to find new ways to encourage staff to capture and share this data. We discuss and review our compliments in a number of ways which includes in our Divisional meetings, at our Fundamentals of Care Committee and at the Patient, Carer and Public Engagement steering group. We will continue to find ways to share our learning from positive feedback.	
Further promotion of Trust Health & Wellbeing Pinwheel • Redeveloped the health and wellbeing pinwheel to remove covid support and include staff benefits • Developed and implemented the Trust's Wellbeing Matters Hub on the intranet.	Further promotion of Trust Health & Wellbeing pinwheel.
Identify ways in which sickness absence data can be used to support staff to self-manage LTCs to reduce the negative impact on the workplace	Used data/information relating to long-term conditions to support the development of a

Developed new sickness reports for management teams in order to more effectively manage and support staff with long-term and short-term sickness.	new reasonable adjustments standard operating procedure, which has recently been approved. .
We are working to eliminate bullying, harassment or violence. FTSU training is essential to role for all staff.	Ensure that staff at all levels within the Trust feel supported to speak up against any form of discrimination, violence, aggression, bullying or harassment in line with the Trust Behavioural Charter.
Psychological Wellbeing Service promotion will continue to ensure staff are supported at work. New Psychological Wellbeing section created as part of the new Wellbeing Matters Hub, which includes promotion of the Psychological Wellbeing Service.	Psychological Wellbeing Service promotion will continue to ensure staff are supported at work.
Collate and use exit interview data to make improvements within the organisation. New starter and exit surveys implemented and quarterly reports now prepared and presented to each division to support making improvements within the Trust/Division.	In the Annual NHS staff survey to Improve the staff engagement score (advocacy) and the score for staff recommending the organisation as a good place to work and receive treatment. To sustain the positive change in organisational culture, to recruit & retain the best people, which will allow us to deliver safe, effective, high-quality, compassionate treatment and care.
Equality and health inequality to be standing agenda items at board meetings.	Equality and health inequality are to be standing agenda items at all board meetings.
Each Inclusion network is to have at least 1 nominated executive sponsor	Build and model the behaviours of a culture of inclusivity within the organisation which starts at the board level and filters into all divisions, departments and teams.

	Improve the experience of staff. With an emphasis on compassionate leadership and a kinder culture.
Launch our new Trust values and early resolution approach.	Build and model the behaviours of a culture of inclusivity within the organisation which starts at the board level and filters into all divisions, departments and teams. Improve the experience of staff. With an emphasis on compassionate leadership and a kinder culture.
NHS High-impact actions – embed these into our people strategy delivery.	Continue to build and model the behaviours of a culture of inclusivity within the organisation, which starts at the board level and filters into all divisions, departments and teams.

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	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	• **There are two Learning Disability Liaison Nurses,** representing 1.8WTE. Current arrangements are in partnership with a local trust. A system wide review led by the ICB was conducted in 2024 to clarify the number of nurses required and funding arrangements/developments. We have a process in place to alert (by mobile telephone and/or email contact) these nurses across our hospital sites to support with inpatients. The focus of the nurses is on patients with a Learning Disability, but they can also provide guidance on Reasonable Adjustments and ways to support patients with autism/neurodiversity and a diagnosed Learning Disability. • We are engaging with the **NHS Benchmarking** seventh annual Learning Disability Improvement Standards submission; we will be engaging with staff and patients in 2026. The submission is a multi-disciplinary approach across teams and departments. There is an action plan in place against the standards on which improvements are planned. • **Oliver McGowan training** is underway within the organisation for Tier 1 as online training. As of the end of November 2025, the Trust had reached 91%	**2 Achieving Activity**	Chief Nursing Officer team, including the Patient Experience Lead Nurse and the Head of Patient, Carer and Public Engagement

		completion rate. Training compliance is monitored in committees and divisional meetings. We are awaiting updates from the ICB in relation to Tier 2 funding and face to face training. Training sits as an agenda item on our internal and external steering group meetings, for focus and regular review. • The Learning Disability nurses were again actively engaged in the **Big Quality Conversation** to support patients with a learning disability and their carers to share experiences to support priorities and improvements in 2026. • The Lead Nurse for Patient Experience now chairs a regular **Trust internal Learning Disabilities (LD) meeting and external LD meetings**. The internal meeting focuses on divisional developments for our patients and carers with a learning disability and/or autism/neurodiversity. The external meeting involves service users – patients or carers. This supports ongoing collaboration and opportunity to share good practice and raise any issues or concerns that need further investigation. These meetings were increased in 2025 to represent the focus as a Trust priority. • We have resources to support our patients with a learning disability and with reasonable adjustments for example, which includes our traffic light system and quiet posters – these are initiatives we developed from feedback and discussions in our internal LD steering groups for example. Our Hospital Passports are now available online and our staff have copies of the Hospital passport for patients with a learning disability on our wards. The		

		Passports are also available on our internal staff training pages for staff to download. PALS are aware of where to locate the passports should they receive any queries from the public. • Several inpatient areas now have Easy Read documents and booklet information for patients supporting accessible information and onward care. • We will continue to find ways to ensure that our services and processes are as accessible as possible to everyone in the local community. • We reintroduced **staff training** at induction. We are exploring different ways to raise staff awareness which includes a social media campaign in Learning Disability week and champion training. • The Trust has developed a **Reasonable Adjustments** initiative to support patients and their carers who have seen and unseen disabilities, such as autism. This includes consideration of provision of extra support where required for example – seen in a quieter room and/or offered the use of sensory boxes / headphones for example. We have launched a training page online to support staff awareness, and we have launched a patient and a staff poster. Details can be found in our annual Equality, Diversity, Accessibility and Inclusion report. • We continue to raise awareness about Learning Disability as well as Reasonable Adjustments within the Patient Experience week annual agenda by		

		engaging with staff and the public and providing appropriate resources or information links. • We completed the 5th year of a 5 year partnership with AccessAble in 2025: AccessAble at Worcestershire Acute Hospitals NHS Trust - Worcestershire Acute Hospitals NHS Trust. We have 155 detailed access guides to our departments, wards and facilities. Our Guides provide essential information to help people understand what to expect when visiting our hospitals. By offering detailed accessibility information, we can help to reduce anxiety and empower people to confidently plan their visit to hospital. Our audio and visual guides can be accessed via our website, a dedicated app and via the AccessAble website. • We entered into a new 5 year contract in December 2025, and we are planning an engagement programme for 2026, to support patient and staff ongoing awareness of our guides. We monitor use of our guides through a number of internal committees and groups, with our staff and patient representatives. We have a sustained level of public use: from 1st August 2024 to 31st July 2025 our Worcestershire Acute Hospitals NHS Trust Accessibility Guides had 39,840 Users and 56,466 Page Views. We can break this down to a monthly average of 3,320 Users and 4,706 Page Views. AccessAble continue to share positive feedback about our approach. Details can be found in our annual Equality, Diversity, Inclusion and Accessibility report.		

	1B: Individual patients (service users) health needs are met	• In line with Accessible Information Standards, we have flags and alerts in place to support our staff to understand our patient's communication needs. This supports with sending out communication and with communication once a patient is in one of our hospitals. We will continue our focus in 2026 with a review of the refreshed Accessible Information Standards Framework. • Reasonable Adjustment flags are now used across our electronic systems. This is in addition to communication alerts which we use to support information and communication with patients. • We recognise that we needed to improve communication with people with a sensory impairment and to support this we have developed a process to link our electronic records with a printing system so that we can send out letters in a variety of formats which include and are not limited to braille, large font, yellow paper and audio. Letters sent for Ophthalmology appointments are sent as standard in size 14 font on yellow paper. We have also developed alerts and flags on our electronic systems to support this approach, and we will continue to focus on this in 2026. • It is important to us to continue to develop consistent approaches to identifying people's information and communication needs. Recent initiatives include our co-produced "Communication Passport" Communication and health passports - Worcestershire Acute Hospitals NHS Trust. We have	**2 Achieving Activity**	Information Technology, Communications, Elective Performance and Chief Nursing Officer team, including the Patient Experience Lead Nurse and the Head of Patient, Carer and Public Engagement

		Bed Boards in use across our hospitals which capture communication and accessibility information for our inpatients. We created these with our staff and through engagement with patients and carers, including people with lived experience of hidden disabilities and learning disabilities for example. Our boards support the delivery of individual, person-centred care, by using a variety of stickers and key processes in place, whereby staff ask a patient about their communication and accessibility needs and record this. We routinely use sunflower stickers to highlight hidden disability. • We report on our progress through annual reporting. Our Equality, Diversity, Inclusion and Accessibility report can be accessed via our Trust website. Our most recent report was published in January 2026. We publish our Quality Account every year and, in this document, we share our Quality Priorities for the coming year – these priorities are created from patient, carer and public feedback, including the Big Quality Conversation survey. One of our priorities for 2025-2026 is for 90% of our staff to complete Oliver McGowan training as well as engaging and promoting our work with external partners, including AccessAble and Word360, our interpreting provider. • We have worked with the ICB on their developing health literacy initiatives and will be launching developments with our approaches to health literacy in 2026 to address communication and health literacy needs of patients, to enhance overall quality of care.		

		• The new Patient Portal launched by the ICB, will provide choice for people about how to receive communication about their health, the development of this is being actively supported by the Trust. • Our ***#CallMe*** initiative asks patients for their preferred name which is recorded on the patient hospital wristband. We monitor compliance on dedicated dashboards and through quarterly reporting into committees. Our cross-department Task and Finish group continues to support with identifying solutions to challenges and sharing best practice. We have included questions about #CallMe in our Quality Assurance Visits, as part of our Ward Accreditation programme and these questions are asked to patients, usually by a Patient Representative (volunteer). • We have explored a range of ways to raise awareness and meet health needs, for example as part of Dementia Action Week 2025, the Dementia Team hosted a successful week of engaging and impactful events across our hospitals, celebrating awareness and understanding of dementia. Our information stands created valuable opportunities for conversations among staff and with patients, relatives, and visitors, allowing us to answer questions, offer guidance, and signpost individuals to the appropriate services. We have also delivered a range of music initiatives including “Move to Music”, “Dance for Dementia” and Dementia Friendly “Enrichment Sessions” for our patients with dementia to boost mood, reduce anxiety, stimulate memory, and enhance connection and engagement. By		

		embedding dance and movement into everyday care, we are supporting patients to feel more like themselves, even in the unfamiliar hospital environment. Full details can be found in our annual Equality, Diversity, Inclusion and Accessibility report. • We hosted our very first Dementia Care Advocate Celebration Day. A total of 26 newly nominated Dementia Care Advocates (representing a wide variety of roles across the organisation) came together to share their experiences, ideas, and inspiring initiatives, focused on enhancing the hospital experience for patients living with dementia. • Our "About Me" booklet is available for our staff to promote and share to support our patients with dementia and for patients with delirium. • Our Easy Read **Big Quality Conversation annual survey** and engagement approaches support our understanding of how we are meeting local health needs of individuals; alongside other feedback methods in place at the Trust which includes Friends and Family Test, our Inpatient Survey, formal complaints and PALS, compliments and CQC surveys (Inpatient, Urgent and Emergency care, Maternity, Neonatal and Children's). • **Our Big Quality Conversation survey** includes a focus on health inequalities, and we extend our reach as widely as possible so that we can engage across our local communities.		

		• We work in **partnership** with patients with a learning disability and their careers and carer organisations as well as individuals and groups with hidden disabilities to put in place measures to support a positive experience and to support appropriate and dignified care. We have taken examples to our Trust Board to share learning and partnership approaches. We have been working on how we can support our patients with a learning disability and/or autism in our Accident and Emergency departments. Our focus includes a review of our triage process, quick reference guides, sensory visits and how we can best support our patients from the point of first registering at reception, regarding sight or hearing needs, mobility issues and/or neurodiversity for example. Developments are expected to be rolled out in early 2026. • We have continued to develop our collaborative approach with local organisations and key stakeholders. We progressed our partnership with Sensory Matters (Sight Concern Worcestershire) to instate an Eye Clinic Liaison Officer in our hospital and we continue to run the Low Vision Clinic with Sensory Matters. We continued in 2025 to welcome Hearing Link onto our Worcestershire Royal Hospital site to support people with hearing loss. • We have continued to develop our local networking through Voluntary and Community networks, local Councils and charities for example). We are pleased to have developed new and emerging partnerships and contacts in 2025 which includes Worcestershire County Council SEND and Co-Production team,		

		Worcester Deaf Children's Society and Worcestershire Parent Carer Forum for example. We will seek to engage in joint projects and initiatives to inform service development and delivery. **We have continued to engage with and co-chair** the Worcestershire Engagement Network and the I&A and SI collaborative group, to support ongoing awareness of local issues. Further details about our collaborations can be found in the Equality, Diversity, Accessibility and Inclusion Annual Report. • **We welcome feedback** from our patients, and we continue to monitor, record and share this in a number of ways including through our Friends and Family Test, complaints, concerns (PALS), compliments, online comments, surveys and through focus groups and community engagement. We routinely monitor the "patient experience" through local divisional meetings as well as through dedicated quarterly experience and engagement meetings. We also report every two months to the Patient and Public Forum. • We have continued to work with the **Patient and Public Forum** in a number of ways to support ongoing public engagement, partnership and service improvement – this has included a programme of assessments and visits, engagement in patient information and project development across departments for example. The group has a workplan and reports into Trust Board. Feedback, presentations and reports are shared back with the Forum at regular meetings to support learning. Members are patients, service users with lived		

		experience and carers and are linked with their local PPGs, Healthwatch, community groups and charities for example. • We continue to **work in partnership** with the ICB who hold the responsibility for LeDer reviews. The Lead Nurse for Patient Experience sits on Learning Into Action group meetings which follow any reviews. The learning is normally multi-disciplinary, and meetings are attended by carers to provide assurances that learning and steps have been taken internally to minimise the risk of any further issues. • We have also been involved in sensory visits to our hospitals, supported by the ICB who provide a group of patients and carers with lived experience to assess our services in terms of environment, access, staff engagement and facilities we offer for patients. Recent visits have taken place in A&E, theatres, endoscopy and the Children's ward. Divisions are actively encouraged to arrange sensory visits to inform understanding of good practice from a service user point of view and to highlight areas for improvement. • We continue to operate our **Fundamentals of Care Committee**, to oversee the delivery of the fundamentals of care framework within the Trust. The committee seeks assurance on the 12 Fundamentals, taking appropriate action for improvement. Assurance is gained through patient and carer feedback and data, risks and examples of good practice for example. A member of the Patient and Public Forum sits along our staff at the		

		committee. • **The Lead Nurse for Patient Experience** provides monthly online training to new starters about the Trust and how important the aspect of Patient Experience is. This involves making sure that staff joining the Trust know what empathy and active listening is. Conversations include a focus on the importance of seeking out feedback from patients and ensuring that we recognise, promote and implement individualised care for all patients. We also discuss the importance of the use of non-verbal communication in care delivery and how patients are left feeling after intervention.		
	1C: When patients (service users) use the service, they are free from harm	**The organisation has procedures/initiatives in place to enhance safety in services for patients in protected characteristic groups.** Datix as an incident reporting tool is well utilised and embedded in the Trust. An alert system is in place on PAS where the Trust can flag patients with any safeguarding alerts, learning disability etc. when they are admitted. Incidents are categorised into headings and sub heading to allow analysis for themes and learning. There is an early warning system on Datix that alerts and flags vulnerable and protected characteristics. **The organisation encourages an improvement culture considering equality and health inequality themes in safety incidents and near misses.**	**2 Achieving Activity**	Associate Director of Clinical Governance and Risk

		Learning from Patient Safety Events (LFPSE) has successfully been launched, across the NHS estate. Locally a new Datix web page has been created, that pulls together incidents, complaints and PALS to allow greater analysis and focused learning and improvement areas. The new Patient Safety Incident response framework (PSIRF) has been successfully implemented. Launched in January 2024 we have made significant progress in the utilisation of new investigation standards and report writing. We have worked closely with the coroner's office to ensure that any investigation reports requested to support inquests are of the highest standard. We will continue to monitor and adapt as and when is required, to ensure a continual focus on patient safety. **The organisation has procedures/initiatives in place to enhance safety in services for patients in all protected characteristic groups.** We continue to hold the weekly Patient Safety Incident Response review group (PSIRG) with excellent attendance from each division and of a variety of skills and roles. Offering comprehensive overview and discussion. We continue to run the Bi-monthly Executive Risk Management Committee facilitating open discussion on current risks, trends and themes. Each division has an established governance and quality team who monitor compliance and provide local support and guidance and report into ERMC which in turn reports into Quality Governance Committee and Trust Management Executive (TME).		

		Staff and patients feel confident, and are supported to, report incidents and near misses. The Trust has a well-established and robust reporting mechanism. All staff are encouraged and supported to report incidents. This is promoted regularly, and the number of incidents being reported has increased over the years and continues to increase given the system pressures that we are experiencing.		
	1D: Patients (service users) report positive experiences of the service	• We have updated our public faces web pages for Complaints and PALS, providing some FAQ's responses and different methods to access the services, including a QR code for both the complaints team and PALS services. These have been well received. • We have **developed new volunteer roles** to include a focus on supporting staff to gain patient feedback. Roles include Patient Experience roles in Maternity and Oncology Services. Other existing roles have been reviewed and have an increased patient enhancement focus, e.g. ward volunteers also help gather feedback via FFT and inpatient surveys. • The **new compliments recording system** was piloted successfully and now any member of staff can record a compliment. This has led to an increase of compliments recorded. • **Actions are in place** to support more women using the maternity services and children and families to share feedback. This is underpinned by ongoing	**2 Achieving Activity**	Head of Patient Safety and Complaints Chief Nursing Officer team, including the Patient Experience Lead Nurse and the Head of Patient, Carer and Public Engagement

		partnership with the Maternity and Neonatal Voices Partnership. • The Trust has developed and implemented its own Inpatient online survey which involves asking all patients in bedded areas a set of questions. The questions are based around our Fundamentals of Care. Any issues identified can be reported to us in 'real' time and dealt with in a timely manner while the patient is still on the ward. The number of surveys is based on the bed occupancy on the wards and the turnover ratio. The surveys are completed by patients voluntarily and are anonymous. Staff and volunteers can support patients to complete the survey if needed/required. We have a dashboard for staff to assess how they are doing in terms of the number of responses and the trends and themes for areas of improvement. We ask patients about the food, their sleep, how clean the ward is and communication for example. The survey is currently for inpatient bedded areas, and we aim to develop this further to include Children and Young People in early 2026. • Developments in **Friends and Family test** include a new poster and QR code to provide choice for patients to feedback (cards are also available and the Trust sends out a text message to patients). The QR code was successfully tested in Urgent Care areas only and QR codes were rolled out wider across several areas in 2025. Patients are currently preferring to feedback via text message; however, our approach is to continue to offer choice. Our divisions monitor feedback on a dashboard which		

		includes key words to highlight themes to support an understanding of the patient experience in “real-time”. • **Patient Representative engagement** with a programme of visits provides an ongoing opportunity for patients to feedback about positive experiences and this includes Quality Assurance Visits (QAVs). • The Trust undertakes **CQC surveys** through a contract with the provider “Picker” for Maternity, Inpatients, Urgent Care and Children and Young People. The process involves sending out surveys to relevant patients. We display posters in the main 5 languages spoken to raise awareness about each survey. The results from each survey are shared across teams and departments and enable us to understand where we are performing well and where improvements need to be made, as compared to the previous survey and in comparison, to other hospitals. We discuss themes and actions quarterly at the Patient, Carer and Public Engagement steering group for example. • **We routinely receive feedback** from local groups with feedback from patients and survey responses from service users and we are developing a new **Learning Disability patient survey** for 2025 – 2026. As part of the survey, we will be asking for feedback from patients on the services we offer as well as feedback from our staff on whether their knowledge and skills have changed and improved.		

		• **Our Learning Disability Liaison Nurses** will routinely share positive feedback with wards and staff directly. The nurses provide feedback at both the internal and external LD meetings. They will highlight any positive practice that has taken place for the purpose of shared learning and appreciation to the relevant staff or department • **Divisions report** into the Patient, Carer and Public Engagement steering group with patient experience reports which include positive feedback from a range of sources, including online and cards – learning is shared from positive feedback and from areas for improvement. • **Partnership working** supports collaborative learning and actions (Maternity and Neonatal Voices Partnership, PPF, Worcestershire Association of Carers and HealthWatch for example). • We have continued to develop **volunteer roles** in response to staff and patient feedback, to support a positive patient, carer and family experience. The **Peony End of Life Service** was launched at Worcestershire Royal Hospital in January 2026 and the Alexandra Hospital, Redditch in June 2026. Working in partnership with National Charity, the Anne Robson Trust, the aim of this volunteer supported service is that no-one should die alone and our trained volunteers spend time with patients during the last days of their lives offering companionship and company. Volunteers also offer relatives a break, giving peace of mind that their loved ones are not alone.		

		• The **Discharge Response Volunteers programme** was launched in January 2025 at Worcester and in June 2025 at Redditch hospitals, delivering take home medication to patients, supporting a faster patient discharge from hospital. Our volunteers also spend time on the wards helping with drinks rounds and meals. This not only supports with hydration and nutrition but also supports social interaction, further enhancing the patient's wellbeing and frees up staff time to focus on clinical duties.		
Domain 1: Commissioned or provided services overall rating			**8**	

Domain 1: Commissioned or provided services

Domain 2: Workforce health and well-being

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	• Launched Neurodiversity Hub and Neurodiversity Forum for staff. • Awarded funding via Public Health to deliver a staff physical health programme in 2026. • Wellbeing Matters Hub available to all staff via the Trust intranet. This provides support, resources and signposting for physical, psychological, social and financial wellbeing as well as staff benefits. • My Health & Wellbeing Passport launched in December 2024 to support all staff to proactively manage all elements of their health and wellbeing, in particular focusing on reasonable adjustments required to support staff with disabilities or long-term conditions. • Developed and implemented new standard operating procedure for reasonable adjustments to ensure consistent support is offered to staff. • Free confidential NHS Health checks by Your Health Your Wellbeing launched in December 2024 – checks are provided on site to all staff via health vans. Staff can pre-book appointments and the checks include blood pressure, BMI, diabetes, lung health checks, cholesterol and lifestyle advice. Services offered to staff also	**3 Excelling Activity**	Chief People Officer

		include cardiovascular disease testing, assistance with GP registration, support and advice on sexual health and cancer screening advice. • Staff Wellbeing and Relaxation Spaces opened at all hospital sites. Spaces are developed to support staff mental health and enable a safe, confidential space for staff. • Delivered various staff wellbeing events across the year, including World Mental Health Day and Men's Health Week. • Wellbeing Conversations offered by managers to staff and training/peer support/mentoring delivered by specialist Staff Wellbeing Clinical Psychologist. • Independent Wellbeing Conversation Facilitators available to be contacted if individuals would prefer Wellbeing Conversations with someone independent of their line manager. • Wellbeing Conversations recorded via bespoke Trust "How are you Really?" App. • PDR documentation includes questions relating to health and wellbeing, work life balance and wellbeing conversations.		

		• Occupational Health and Wellbeing Service offer – manager and self-referrals. • Human Resources Policies and Toolkits, including Flexible Working, Sickness Absence, Health and Wellbeing and Stress at Work Policies. • Preventative Stress Risk Assessment Tool and a Stress Self-Assessment for staff. • Staff have access to 24/7 counselling support via Occupational Health. • Fast Track Physiotherapy Service available to staff via Occupational Health. • Trust Staff Psychological Wellbeing Service available to all staff via a self-referral service. • Trained Mental Health First Aiders available for staff to access should they require support with their mental health. • Wellbeing Webinars each month - various topics. • Wards/Departments can arrange Wellbeing days/sessions for their Teams via the Charity Wellbeing Wishlist to provide a range of wellbeing services e.g. massage, reflexology.		

		• Free on-site family law support available to all staff. • Menopause guide and toolkit and monthly menopause webinars and drop-in sessions available to all staff. • Working carers support available to all staff, including 1:1 support sessions and Trust-wide webinars and drop-in sessions. • Developed improved staff benefits offer, including salary sacrifice options for cycle to work, car lease and discounted holidays. • Multi-disciplinary Health & Wellbeing Steering Group held monthly to continuously develop and improve staff health and wellbeing offer.		

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	• Organisational Zero Tolerance statement, this will also be incorporated into the Anti Racism Charter. • Sexual Safety Charter and Toolkit. • Datix reports highlighting incident levels over a 3-year period (Datix Team). • Human Resources Policies, including Dignity at Work Policy, Disciplinary Policy, Violence Prevention Reduction and Management of Violence and Aggression Policy, Supporting Staff involved in Traumatic/Stressful Incidents Policy, Grievance Policy. • Violence Prevention Reduction and Management of Violence and Aggression Policy (Health & Safety Key Documents site on Intranet). • Dignity at Work Training for Line Managers (delivered by HR Advisory Team).	**2 Achieving Activity**	Chief People Officer

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	• Support from Staff Side Representatives (Trust Intranet). • Staff side policy/governance documents (Trust Intranet). • 'Supporting you Through Work Related Concerns' booklet developed for staff, which outlines the support and advice available in one place. • Guidance on Speaking up (Charter Intranet page). • Sexual Safety Charter & Toolkit. • Access to Trust's Freedom to Speak Up Guardian (FTSU Portal). • Access to Trust's Staff Health & Wellbeing Guardian (H&W Intranet Page). • Independent advice from HR Advisory Team Representatives via the HR Advice Line (HR Advisory). • Stress at Work Policy & Toolkit (HR Key Documents site on Intranet). • Resources available via Health & Well-being Pinwheel (H&W Intranet Page).	**2 Achieving Activity**	Chief People Officer

		• Violence Prevention Reduction and Management of Violence and Aggression Policy (Health & Safety Key Documents on Intranet). • Wellbeing Conversation Facilitators (contact details on H&W Intranet Page). • Mental Health First Aiders. • Staff Psychological Wellbeing Service. • Occupational Health Service. • 24/7 Counselling Service Chaplains.		
	2D: Staff recommend the organisation as a place to work and receive treatment	• Annual Staff Survey. • Quarterly Pulse Survey. • Exit Interview and Questionnaire Data New Starter Questionnaire Data.	**1 Developing Activity**	Chief People Officer
Domain 2: Workforce health and well-being overall rating			**8**	

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)

Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	• Action plans in place for WRES, WDES and Staff Survey. • Staff Inclusion Network Chair updates fed into Culture Steering Group and People & Culture Committee. • Board Paper on Annual Report. • All NED's have SMART EDI objectives, all Executives have objectives aligned to Trust Strategy, including delivery of EDI priorities. • Board and People and Culture Committee have reviewed the EDS22, WRES and WDES data and action plans, these are linked to the BAF as sources of assurance. • Reciprocal mentoring to be launched in early 2025 to allow Board members to learn. • Compliance with mandatory EDI training is 95%. • Board Development sessions delivered: EDI, Reciprocal Mentoring and Supported Internships.	**2 Achieving Activity**	Chief People Officer Chief Nursing Officer

		• EDI Policy reviewed and updated to include Anti Racism, Antisemitism and Islamophobia. • Anti Racism charter signed and launched in November 2025. • Executive Sponsor for each staff inclusion network. • Non-Executive Directors attended Women's network meeting Board members to attend staff inclusion network meetings when possible.		

	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	The Trust Board and its committees schedule regular reports which include information about equality and health inequalities throughout the year, including the following: • Board Assurance Framework. • Gender Pay Gap annual report. Ethnicity Pay Gap reporting to commence in 2026. • WRES/WDES annual report. • Annual Equality Update Report – a joint report from all member Trusts of the Foundation Group enabling benchmarking and sharing of data, initiatives and plans to address inequalities and manage risks. • Annual Trust Quality Report to the Quality Governance Committee, including data on Health Inequalities. • Regular reports to the People and Culture Committee from the staff networks. • Staff stories to the People and Culture Committee.	**1 Developing Activity**	Chief People Officer Chief Nursing Officer

		• Board Development sessions delivered: EDI, Reciprocal Mentoring and Supported Internships.		

	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	• Culture Steering Group reports directly into the People and Culture Committee. • Culture Steering Group action notes and action plan. • WRES and WDES Report and Action Plans Agreed by P&C Committee prior to submission and upload. • EDI Annual Reports Board paper and agreed by P&C Committee prior to Upload. • Gender Pay Gap Report Agreed by P&C Committee prior to submission and upload. • Through our Senior Leader Brief and leader conferences this year we have communicated our People Strategy priorities, People Experience being one of them. • Patient performance and progress monitored via Fundamentals of Care committee. • NHS Staff Survey sub scores have shown improvement in inclusion, diversity and equality, we are above	**2 Achieving Activity**	Chief People Officer Chief Nursing Officer

		national average in diversity and equality. With recent initiatives continuing to embed we are confident improvements will continue to be made. • Neurodiversity hub launched Safe Learning Environment Charter launched in November 2025.		
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				
Domain	**Outcome**	**Objective**	**Action**	**Completion date**

Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	We will work to ensure patients will receive safe, personalised care and achieve equality of outcomes.	• 90% for Oliver McGowan Training compliance with our staffing teams. • Collaboration, partnership and engagement with external stakeholders to support a positive patient experience – to include AccessAble, Word360, the PPF and local charities and groups. • We will develop Health Literacy Guidelines to support our staff to ensure that patients can access, understand and use health information and our services. • We will continue to deliver a range of interpreting options for our patients to support accessing our services and develop our ability to offer digital interpreting, alongside telephone and face to face. • We will undertake a review of the Accessible Information Standards Framework. • We will continue to work with AccessAble and survey across our hospital sites to provide up to	Ongoing Work

			date information for anyone coming into our hospitals. • We will continue to welcome groups to carry out visits in our hospitals to advise on developments and good practice. • We will continue to work in partnership with the PPF and external groups including HealthWatch, alongside exploring new partnership, with a focus on health inequalities.	

	1B: Individual patients (service users) health needs are met	Support patients to be involved in their healthcare needs and support shared decision-making.	• We will continue to carry out our annual Big Quality Conversation. We will publish the results on a poster and in our Quality Account. • We will continue to work with and support the Patient and Public Forum to gather experiences and ideas, to help drive positive change and deliver good quality care across our hospitals. We will support a range of activity which will include visits, assessments including our ward Accreditation programme and audits, as well as joint projects; we will continue to share reports at our Trust Board to highlight the impact of the PPF and our collaboration and we will find ways to promote and raise the profile of the group. We will develop a new way of working, by inviting external partners to join PPF meetings, to widen the ability to listen to diverse voices and experiences of care.	Ongoing work

	1C: When patients (service users) use the service, they are free from harm	PSIRF supports and promotes engagement with families and patients involved in incidents for their perspective, we have been actively engaging with those involved for their perspective and experience and they receive draft reports prior to completion to ensure they have their questions answered.	Details shared in external annual reporting.	Ongoing work
	1D: Patients (service users) report positive experiences of the service	The complaints team are now engaging the complainant to devise the terms of reference for their investigation / complaint response – to help ensure they get the answers and resolution they seek and to promote getting the response correct and satisfactory the first time.	Details shared in external annual reporting.	Ongoing work

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	Increase staff awareness of personal health literacy.	• Development of new Smoke Free Policy and Support. • Launch new Personal Wellbeing Action Plan. • Develop and launch Trust strategy for men's health, including men's health intranet section. • Launch Endometriosis Toolkit for staff. • Launch Suicide Prevention and Postvention Toolkit for staff. • Develop and launch reasonable adjustments training for managers. • Deliver staff physical health/exercise programme in partnership with Public Health. • Ongoing promotion of wellbeing support available for physical, psychological, social and financial wellbeing. • Deliver International Staff and Student Support Programme in partnership with Citizens Advice Bureau.	2026 2026 2026 2026 2026 2026 2026 In place - ongoing 2026

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Ensure that staff at all levels within the Trust feel supported to speak up against any form of discrimination, violence, aggression, bullying or harassment in line with the Trust values.	Through the work of the behavioural charter project group, we will continue to raise the profile of the routes to speak up in the organisation. We are working to eliminate bullying, harassment or violence. We are also strengthening the support and communication processes of routes to speak up. Launch new Resolution Policy. Launch new Sexual Misconduct Policy.	In place – ongoing 2026 2026 2026
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Ensure that all staff have access to a level of support they feel is appropriate to maintain and manage their psychological safety.	Continue to promote the Psychological Wellbeing Service and 24/7 Counselling Service to ensure staff are supported at work. Prioritise and encourage Wellbeing Conversations and develop support for managers to develop team wellbeing approaches. Increase communication regarding Wellbeing Conversations and their importance.	In place – ongoing 2026

	2D: Staff recommend the organisation as a place to work and receive treatment	In the Annual NHS staff survey to Improve the staff engagement score (advocacy) and the score for staff recommending the organisation as a good place to work and receive treatment. To sustain the positive change in organisational culture, to recruit & retain the best people, which will allow us to deliver safe, effective, high-quality, compassionate treatment and care.	Collate and use exit interview data to make improvements within the organisation.	In place – ongoing

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	Build and model the behaviours of a culture of inclusivity within the organisation which starts at the board level and filters into all divisions, departments and teams. Improve the experience of staff. With an emphasis on compassionate leadership and a kinder culture.	• Support Divisions to demonstrate that they are prepared to hold others to account by challenging processes and behaviours that are not compassionate and inclusive (including inclusive recruitment). • Nominated executive sponsor to regularly attend staff inclusion network meetings. • Early resolution approach to be developed.	In place – ongoing 2026 2026
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Equality and health inequalities are regular topics in Board Development sessions. Equality Impact Assessments are considered in decision making.	• EIA's to be completed for all projects, management of change and policies. All Trust policies are required to incorporate an Equality Impact Assessment. • Equality and health inequality to be standing agenda items at board meetings. • Regular reports on equality and health inequalities are scheduled at board and board committee meetings throughout the year.	In place – ongoing In place – ongoing In place – ongoing

	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	Continue to build and model the behaviours of a culture of inclusivity within the organisation, which starts at the board level and filters into all divisions, departments and teams.	• NHS High impact actions – we need to embed these into our new clinical services strategy. • Communicate to Trust leaders NHS EDI Improvement Plan High Impact Actions. • Embed commitment and accountability of the high impact actions across the Trust. • Early resolution approach to be developed. • To continue to focus on our staff survey feedback and act on improving our staff experience. We will look to improve further on the response rate. • Embed Anti Racism Charter.	2026 2026 2026 2026 2026 2026