

NHS Equality Delivery System 2022

EDS Reporting Template

Version 1, 4 February 2025

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Equality Delivery System for the NHS

The EDS Reporting Template

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

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

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

NHS Equality Delivery System (EDS)

Name of Organisation	Worcestershire Acute Hospitals NHS Trust		Organisation Board Sponsor/Lead		
			Alison Koeltgen, Chief People Officer Sarah Shingler, Chief Nursing Officer		
Name of Integrated Care System	Herefordshire and Worcestershire ICB				

EDS Lead	Rich Luckman, Assistant Director People & Culture, Organisational Development Bec Harris, Organisational Development Practitioner Anna Sterckx, Head of Patient, Carer and Public Engagement		At what level has this been completed?		
				*List organisations	
EDS engagement date(s)			Individual organisation	Worcestershire Acute Hospitals NHS Trust	
			Partnership* (two or more organisations)		
			Integrated Care System-wide*		

Date completed	January 2025	Month and year published	February 2025
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Date authorised	4 th February 2025	Revision date	

Completed actions from previous year	
Action/activity	Related equality objectives
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	Increase staff awareness of personal health literacy.
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 Developed new sickness reports for management teams in order to more effectively manage and support staff with long-term and short-term sickness	Increase staff awareness of personal health literacy.
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. New FTSU training launched and made 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	Ensure that all staff have access to a level of support they feel is appropriate to maintain and manage their psychological safety.
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.

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

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 1: Commissioned or provided services</i>	1A: Patients (service users) have required levels of access to the service	• The number of LD nurses has reduced to 2 nurses (April 23) from 3 – this represents 1.6WTE. Current arrangement is in partnership with a local Trust. A system wide review led by the ICB is planned for 2024 to clarify the number of nurses required and funding arrangements. We have a process in place to alert (by mobile telephone) these nurses across our hospital sites to support with inpatients. • We are engaging with the NHS Benchmarking's sixth annual Learning Disability Improvement Standards submission; numbers of responses for the staff and patient survey elements have previously been low and actions are in place to increase engagement. This year the Learning Disability Acute Hospital Liaison Nurses have advised on departments within the Trust where we more regularly care for patients with learning disabilities. Divisional Governance teams have supported us in targeting these areas to participate in the staff survey to ensure data collated is	3 Excelling Activity	Deputy Chief Nursing Officer (DCNO)

		meaningful. We hope to see a greater return of staff responses with this methodology, which will support a greater number of patients to share their feedback to support improvements. (Staff Survey deadline is January 2024 and patient Survey deadline is February 2024). The Organisation survey data section has been completed and submitted (December 2023) by the Healthcare Standards team. There is an action plan in place against the standards on which improvements are planned. • Oliver McGowan training is being rolled out by the ICB and we are currently in the pilot phase (rolled out to 10% of eligible staff in September 2023). The training is split into two levels: Tier 1 and Tier 2. Tier 1 covers awareness for all non-patient facing staff and is a 1 hour virtual session. Tier 2 is for all patient facing staff who must complete the one hour virtual session and a one day face to face training session. Tier 2 training which will be advertised to our staff through our internal Communications systems. • The nurses were 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 2024.		
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		• We have an internal monthly learning disability internal meeting where divisions feedback on progress or concerns in relation to learning disability and/or autism. • We convene a quarterly Learning Disability steering group and invite key stakeholders to join the conversation about where we are working well and where we can improve. We are developing the membership of this group to widen our reach to stakeholders and our partners at Herefordshire and Worcestershire Health and Care Trust fed back that the attendance and commitment to the relaunched meeting platform is now the best it has been to date. • We are revising resources internally to support our stakeholders and this includes promotion of the “About Me booklet”, traffic light system and quiet posters as a response of feedback and as an outcome from steering group discussions • We will continue to find ways to ensure that our services and processes are as accessible as possible to everyone in the local community and this includes our forward focus on accessibility of surveys (Easy Read). • We have reintroduced staff training at induction and we are exploring an ESR		
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		training package as identified as a need from the incident reports, learning disability improvement standards and the Care Quality Commission's (CQC) 'Who I am Matters' report. We are exploring different ways to raise staff awareness which includes a social media campaign in Learning Disability week and champion training in line with our 4ward Cultural Ambassadors programme (2023). We are engaging wider with our stakeholders via the PLACE Learning Disability Partnership for example. • We are in year 3 of a 5-year partnership project with AccessAble to provide accessible guides to our hospitals. These guides can be accessed via our website, a dedicated app or via a website. • The guides are audio and visual and we invite stakeholders to work with us to ensure the guides are clear and easy to access. This work continues. We continue to engage across staffing groups and with patients, volunteers and carers in to raise awareness and promote our Accessible Guides. We have high guide download and usage and we report internally quarterly and externally annually (Equality and Diversity report). AccessAble continue to share positive feedback about the trust's approach.		
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	1B: Individual patients (service users) health needs are met	• In line with Accessible Information Standards we have processes in place to support a <i>consistent approach to identifying, recording, flagging and sharing information to support the communication and health support needs of our patients.</i> • <i>New Outpatient letters (revised through the Outpatient's Transformation project) now clearly explain how people can contact us regarding key information and health needs and access to services.</i> • <i>Improvements have been made to the Synatec printing service to support the ability to contact patients in different ways – which includes electronic audio letters for example. This work is due to be completed in 2024. A patient with a visual impairment supported development of this work.</i> • <i>The new Patient Portal (due to launch in January 2024 and supported by the ICB for a system approach) will provide an additional way for patients to engage in their healthcare and key information to meet needs – development has been supported by Trust leads across departments.</i> • Our flagship innovation #CallMe asks all patients for their preferred name which is recorded on the patient hospital wristband. Compliance is monitored Divisionally and through quarterly reporting. Dedicated dashboards have	2 Achieving Activity	Deputy Chief Nursing Officer (DCNO)
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		been created and a cross department Task and Finish group to support embedding and sharing with local and national partners. The Big Quality Conversation engagement supports an understanding of where improvements have been made and are required regarding health inequalities and meeting health needs. This is supported by an approach on ongoing stakeholder engagement and community networking. • We work in partnership with patients with a learning disability and their carers and carer organisations 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. Our partnership with the Learning Disability Liaison Nurses underpins our ability to sustain this approach. Development is in progress for an A&E quick reference guide when dealing with patients with a LD and/or Autism. Also to address how carers are greeted when accompanying a person to A&E (work in progress). • We are developing our collaborative approach with local organisations to support awareness of and engagement with people who have a visual impairment to inform service design and improvement – a successful pilot between SCSD (Specialised Clinical		
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		Services Division) and Sight Concern for a Low Vision Clinic is under review and developments to support an ECLO (Eye Clinic Liaison Officer) with a local or national charity are under review. • We are developing representation on the Patient and Public Forum to support our ability to consult and develop services to meet specific need and we seek to develop our approach to widen our ability to meet with a wider diversity of patients to support ongoing service changes. One member with a visual impairment who is registered blind is supporting improvements with Wayfinding and Signage as well as developments with Low Vision Clinics for example (this member also screen reader tests surveys for example) and a member with a hearing impairment is supporting improvements regarding hearing loops and partnership working with a hearing loss charity – this includes public awareness; the Trust is the only hospital Trust in England to welcome the charity onsite to have a regular information and awareness stall to support the public. Members using hearing aids are working with the Trust to develop audits to understand challenges with hearing loops and are in discussion with the Estates team regarding hard wiring loops. • The Trust's LGBTQ+ network provides key contacts to engage with, to support		
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		service design and disseminate information. • We have continued to develop our ability to locally network with specific groups to widen our reach to inform our service development (we have developed our local networking through Voluntary and Community networks, local Councils and charities for example). • We engage in different ways with groups of patients which has in 2023 included engagement with children and young people through Worcestershire Youth Cabinet, Children in Care Council and Care Leavers to inform development of the PAU; d/Deaf children and young people through CSWIG (Big Quality Conversation) - all actions in 2022-2023 completed. • During the Big Quality Conversation survey 23-24 we extended our accessible approach making our online survey in an Easy Read format to support an equality approach for the survey - with the aim of it being as widely accessible as possible across the local community. The feedback we received with the previous survey directly informed the Quality Pillar for a <i>Positive Experience for our Patient Relatives and Carers</i>: ○ Our patients, their relatives and carers will experience better access to our services,		
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		particularly those who live with health inequalities. ○ Our patients, their relatives and carers will be involved in decisions about their healthcare and be given information in a way that they can understand. ○ Our patients and their carers will be provided with a variety of methods for providing feedback on their experiences of our services to ensure learning and improvements can be prioritised. ● We welcome feedback from our patients and we monitor, record and track and share this in a number of ways including Friends and Family Test, complaints, concerns (PALS), compliments and through focus groups and community engagement. We routinely monitor the “patient experience” through dedicated quarterly experience and engagement meetings and we invite staff and patient representatives (those with lived experience)/stakeholders to join us at these meetings. ● We work with a Patient and Public Forum in a number of ways to support ongoing public engagement, partnership and service improvement – current work includes Quality Assurance Visits a timetable of audits and assessments (QAVs, Efficacy, Mouth Care and Cleaning for example), engagement in		
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		patient information and project development across departments. Feedback, presentations and reports are shared back with the Forum at dedicated meetings to support learning. We are currently seeking to further widen the diversity of this group and reach out to other community groups. Current members are linked with their local PPGs, Healthwatch, community groups and charities for example. • We convene a quarterly steering group on Learning Disability to ensure that themes of care are highlighted and improvements can be monitored and progress delivered. • We continue to work in partnership with the ICB who hold the responsibility for LeDer reviews. Every request for an SJR for a LD patient comes from the ICB to a lead at the Trust, this is then either forwarded to the SJR to arrange of this to be done or it is completed by the trust lead. There has been no learning feedback over the past year. • We are working with system partners in a number of ways to ensure that information is shared between services outside the Trust to support our ongoing awareness of needs across the community – this has been developed in 2023 and includes the PLACE based groups <i>Worcestershire Engagement Network, Sensory Impairment and</i>		
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		<i>Accessibility Group, d/Deaf Action Working Group, Carers Partnership and Carer's Reference group.</i> • We are exploring partnership working with our local prison to increase our awareness of the experiences of those who are socially excluded and experience multiple risk factors and facilitate annual engagement through the Big Quality Conversation. Other groups we have reached out to in 2023 as part of this survey include people who are Homeless, Rough Sleepers, people with a Visual Impairment, d/Deaf, older people, people with Autism, children and young people and the LGBTQ+ community (through the Trust's LGBTQ+ network and contacts) for example. • We have established a Fundamentals of Care Committee, with the purpose to oversee the delivery of the fundamentals of care framework to patients within the Trust. The committee seeks assurance on the 12 Fundamentals and takes appropriate action for improvement. Feedback received directly from patients is one of the assurance measures of the framework used by the committee to report monthly against data, with performance and actions, risks and examples of good practice. • We work with our local Healthwatch in a number of ways including membership of the Patient, Carer and Public		
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		Engagement quarterly steering group to support ongoing conversations and awareness of reports, feedback and amplifying the voice of those who are at higher risk due to protected characteristics. We ran a joint session for engagement (Big Quality Conversation) in 2023 with the d/Deaf community and sit on a number of joint groups and networks. • We are exploring models of engagement to re-energise a Hospital Youth Forum to provide a voice for people under the age of 25 in service change and service delivery. Our previous forum supported outcomes from Healthwatch's LGBT survey which were monitored with wider Trust actions through our Equality and Diversity (IDEA) committee which meets monthly. We have contacts with local groups and have engaged with these groups in 2023 – we worked with local Children in Care Council for example to share ideas to inform the development of our PAU. • Service improvements to support the local d/Deaf community as a result of feedback through engagement and complaints has been developed and is in place and has been commended by the local community. • Staff training and awareness programme to underpin improvements in interpreting and translation are in place.		
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		Additional staff training takes place monthly (4Ward Advocates) which highlights opportunities to engage with stakeholders and work in partnership with the public. All staff are invited to attend Rainbow Badge training: this includes volunteers. • Wider PLACE and system leadership in place to continue to explore collaborative approaches in response to community feedback. • The Trust's approach has changed outcomes for people who experience barriers in accessing BSL services (leaflets, posters, cards in co-designed, BSL video "what to expect when I come into hospital", engagement with "Quality" conversations, a new appointment checker facility is now available on the back of outpatient letters and on the Trust website. The emerging approach is to develop engagement with the VI community (through local partnerships with Sight Concern and the Pocklington Trust for example – engagement is in place which includes events and sensory training in early 2024). • We engaged with key stakeholders in the implementation of our AccessAble accessibility guides. A new Engagement and Involvement strategy is in development		
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	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 giving consideration to equality and health inequality themes in safety incidents and near misses. November 2023 the Trust has launched the Learning from Patient safety Events (LFPSE), this is a new software reporting system, that replaces the STEIS system. LFPSE has successfully been launched, with a new Datix web page that pulls together incidents, complaints and PALS to allow greater analysis and focused learning and improvement areas, this can be narrowed down to be specific for ward / division / category of incident etc.	2 Achieving Activity	Deputy Chief Nursing Officer (DCNO)
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		The new Patient Safety Incident response framework (PSIRF) will be implemented over in January 2024 and will be monitored throughout 2024 to support an improvement culture and give an increased focus on health care inequalities. The organisation has procedures/initiatives in place to enhance safety in services for patients in all protected characteristic groups. Weekly serious incident review and learning group with good attendance from each division and of a variety of skills and roles. Offering comprehensive overview and discussion. Bi-monthly Risk management group (RMG), facilitating open discussion on current risks, trends and themes. Each division has a governance and quality team who monitor compliance and provide local support and guidance and report into RMG which in turn reports into Clinical Governance Group (CGG) 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		
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		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 enhanced volunteer roles to include a focus on supporting staff to gain patient feedback. • We have developed volunteer roles in response to staff and patient feedback to support a positive patience and family experience – roles include the ED telephone role. • 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. Friends and Family Test (FFT) cards reintroduced in Maternity in Sept 23. FFT posters introduced into ED at both sites in January 2024 with a view to gaining increased feedback from patients and carers visiting the departments. The aim is for the QR codes to be distributed to all Divisions. • We are developing our approach to “Listening Events” with local organisations and partners to increase our ability to understand positive experiences and inform our ongoing	2 Achieving Activity	Deputy Chief Nursing Officer (DCNO)

		learning. Divisions are providing monthly updates through the Learning Disability steering group and Patient, Carer and Public Engagement steering group about positive outcomes, any shared learning and positive developments for patients and carers (ongoing). • The new Patient Experience App (expected to launch in February 2024) will capture feedback from patients in real-time to support learning (Inpatients). There is a link to GAP and staff use their WHITS login details to gain access. Divisions will confirm individual staff names for initial access and further names can be added as required. • Developments in Friends and Family test include a new poster and QR code to provide choice for patients to feedback. A promotional drive will support patient and family awareness. Currently QR code is in Urgent Care areas only at WRH and the Alex with wider roll out planned in 2024. • A new FFT dashboard on WREN includes regional benchmarking to support the trust to understand patient experiences alongside the local peer group. • Patient Representative engagement with a programme of visits provide an ongoing opportunity for patients to feedback about positive experiences: The Quality Assurance Visit (QAVs)		
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		Programme now forms part of the Trust's internal ward accreditation scheme; Care Excellence Accreditation, launched by the Chief Nursing Officer on the 6th November 2023. QAVs are a robust methodology that internally emulate an inspection process. Review documentation is based on the Care Quality Commission's (CQC) fundamental standards and guides both staff and patients interviews and observations in Departments by our Review Team. This gives patients in areas visited real time opportunities to raise any concerns about their care to be rectified and share positive feedback. This patient, relative or carer feedback during QAVs is an element that directly informs the outcome of the level of accreditation of that department. 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 different languages promoting the survey and how people can opt out (we select the main 5 languages requested at our Trust in the previous year). The subsequent reports (results) enable the Trust to see where we are performing well and where improvements need to be made. The results are shared across divisions with an emphasis on action plan development and shared learning processes. Themes and actions		
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		are reported quarterly through the Patient, Carer and Public Engagement steering group. Collecting experiences from carers • Our Big Quality Conversation enables carers to engage and for the Trust to cross tabulate responses to better understand the experiences of carers. The Equality and Diversity Monitoring section asks further questions. Responses enable us to understand positive experiences of care, safety and experiences as well as areas for learning; feedback informs our Quality Priorities. • Ongoing engagement with the Carer Partnership and The Carer's Reference group (PLACE based groups) and the Carer Discharge Group. • Engagement with the Worcestershire Engagement Network further provides opportunity for feedback from carers shared with other providers to be shared with the trust to support learning – an example is the carer checklist shared by carers as a concept to support them when coming into hospital. This has been rolled out as a trial in Medicine in December 2023. The Trust is a co-chair of this group. • Carers sit on the quarterly Patient, Carer and Public Engagement steering group. • The trust was involved in the Worcestershire County Council Carer Hub tender in September 2023 – this	
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		supports partnership working and opportunity to continue engagement. • Carer engagement in the Carer's Policy. • Carer engagement in the refresh of Carer Resources. Additional surveys include work through EoL as detailed in Outcome 1A. Monitoring our feedback and sharing learning • We monitor our feedback to support our learning– we share patient stories at our Trust Board (previously on a monthly basis and now a changed programme due to the Foundation Trust approach). Healthwatch join Board meetings and these meetings are also public and are recorded. • We share feedback and learning in divisional reports into the Patient, Carer and Public Engagement steering group – there is space to share learning and actions from feedback including compliments, complaints, PALS, CQC surveys, audits and PLACE for example. Quarterly reports are then presented at CGG and QGC. • The Patient and Public Forum sit on groups, committees and support monitoring feedback and learning. The group meets with the Trust formally on a joint agenda bi-monthly. The group is a critical friend and is comprised of volunteers with a focus on patient experience and quality improvement.		
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		• When undertaking Quality Assurance Visits (QAVs) patient feedback included complaints, PALS and FFT data and this is used as an element of evidence to identify any department of concern which will trigger a QAV. The Care Excellence Accreditation programme will also provide a platform for teams across Divisions to collaborate and share learning in a 'You said, We did' style format. • Dashboards on WREN monitor feedback – across the trust and alongside benchmarking with the local peer group. Annual Reports are published online including Complaints and Equality and Diversity and these reports include learning. Collecting experiences • We routinely receive feedback from local groups with feedback from patients and survey responses from service users. • Significant engagement embedded with local partnerships and PLACE based groups. Leadership shown by the Trust in approaches taken. Engagement is ongoing. • The Big Quality Conversation is an annual programme of engagement events and approaches with considerable reach. Programme in development to ensure a process to feed back to communities. • We Welcome Feedback launched in 2023 and is supported by the		
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		development of posters and promotion of FFT. • LD patient survey has a focus for 2023-2024. • PPF share regular and ongoing feedback. • CQC survey schedule is ongoing and supports understanding of experiences. • Volunteers are supporting the collection of FFT – in development. • EoL surveys • Cancer survey • Our Learning Disability Liaison Nurses will routinely share positive feedback with wards and staff directly. Creating evidence-based action plans from experiences and monitoring progress in collaboration with stakeholders. • Divisions report into the Patient, Carer and Public Engagement steering group with patient experience reports which cover data from a range of sources including CQC's National Patient Surveys for Adult Inpatients, Maternity and Children and Young People; FFT, complaints, concerns and compliments and deliver progress/updates on actions. • Stakeholders engage in the development and monitoring of actions (for example external partnership working with Maternity Services and PPF). • As the Fundamentals of Care Committee develops it will work closely		
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		in conjunction with the Focused Audit Programme delivered by the Healthcare Standards Team and Patient and Public Forum. Any areas that identify opportunities for improvement will be requested to complete a Trust Priority Improvement Project that reports through the FOC committee, up to the Trust Board. • Learning Disability action plan will continue to be developed from the LD national standards survey and as a greater number of patients engage this action plan will be informed directly from experience. • d/Deaf improvements detailed in F annual reporting External partnerships continue to provide opportunity for actions and learning – for example improvements across Visual Impairment (emerging). Collecting and learning from feedback We have sustained developments in key areas to increase response rates in the Friends and Family test and we are now developing a pilot project to further develop FFT response rates and enhance the way we can learn from positive feedback. This is in development and will include a focus on supporting evidence based action plans and will include NHS Choices feedback. Improvements required in Maternity and Children's (actions in development).		
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		Widening our ability to gain feedback • We have continued to widen our reach and engagement in the Big Quality Conversation to ensure that we can continue to enhance our understanding of feedback from those with protected characteristics. • FFT developments and actions to increase engagement in Maternity and Children's is in development and supported by a launch of different ways for people to feed back about experiences. • Volunteer roles in place to support collecting feedback. • New Involvement and Engagement strategy (2024). Actions to support greater engagement in the LD National Benchmarking survey and new Patient Voice and Involvement Strategy. Collating data and developing evidence based outcomes • The QAV process supporting collation and outcomes. We have established our Audit programme and Quality Assurance visits with patient representatives which includes learning and understanding about feedback from patients including those with protected characteristics.		
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		This process is a partnership between departments focusing on quality and safety and with stakeholders.		
Domain 1: Commissioned or provided services overall rating			9	

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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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	• Awarded Herefordshire & Worcestershire Chamber of Commerce Health & Wellbeing in the Workplace award in June 2024 • Wellbeing Support & Guidance Resources – health and wellbeing pinwheel refreshed and updated to include staff benefits alongside physical, social, psychological and financial health and wellbeing • New Wellbeing Matters Hub developed and launched as part of new Trust intranet. • My Health & Wellbeing Passport launched in December 2024 to further develop on the Health Ability Passport launched in 2023 and to support all staff to proactively manage all elements of their health and wellbeing • 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 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 Alexandra Hospital and Kidderminster Treatment Centre and final space being opened at Worcestershire Royal Hospital in early 2025. Spaces are developed to support staff mental health	3 Excelling Activity	Ali Koeltgen, Chief People Officer
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		and enable a safe, confidential space for staff. • Supporting our NHS Staff Brochure • Delivered various staff wellbeing events across the year, including self-care week and men's health week. • Wellbeing Conversations offered by managers to staff and training/peer support/mentoring delivered by specialist Staff Wellbeing Clinical Psychologist. • Offer of Wellbeing Conversations recorded via bespoke Trust "How are you Really?" App. • PDR documentation redesigned to include 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 • Developed a Preventative Stress Risk Assessment Tool & Document for Managers 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. • Independent Wellbeing Conversation Facilitators available to be contacted if		
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		individuals would prefer Wellbeing Conversation with someone independent of their line manager. • 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 • Introduction of lower cost healthy, nutritious meals at Hospital restaurants 2024. • Developing role of Wellbeing Champions within the Trust to raise awareness of Health & Wellbeing resources available. • Meal Vouchers initiative Oct 2022 – Jan 2024 funded by Hospital Charity for those in financial hardship – to spend in hospital restaurants. • Wards/Departments can arrange Wellbeing days/sessions for their Teams using Departmental or Charity funding to provide a range of wellbeing services e.g. massage, reflexology. • Free 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.		
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		- 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. Mental Health & Productivity Pilot (MHPP) survey and assessment completed with all domains assessed as achieved by MHPP.		
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	- Organisational Behavioural Charter including Zero Tolerance statement - 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	Ali Koeltgen, 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. • Behavioural Charter and 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) • 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) • Staff Psychological Wellbeing Service • Occupational Health Service • 24/7 Counselling Service • Chaplains	2 Achieving Activity	Ali Koeltgen, Chief People Officer
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	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	Ali Koeltgen, 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%	2 Achieving Activity	Alison Koeltgen, Chief People Officer Sarah Shingler, Chief Nursing Officer

	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 • 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, including for example a report from the Chaplaincy Team relating to support available to staff with a range of religions.	1 Developing Activity	Alison Koeltgen, Chief People Officer Sarah Shingler, Chief Nursing Officer
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	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, EDI 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 national average in diversity and equality. With recent initiatives continuing to embed we are	2 Achieving Activity	Alison Koeltgen, Chief People Officer Sarah Shingler, Chief Nursing Officer
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		confident improvements will continue to be made.		
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): 22
Organisation name(s): Worcestershire Acute Hospitals NHS Trust
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
Rich Luckman, Assistant Director People & Culture Bec Harris, Organisational Development Practitioner	
EDS Sponsor	Authorisation date
Alison Koeltgen, Chief People Officer Sarah Shingler, Chief Nursing Officer	February 2025

Domain	Outcome	Objective	Action	Completion date
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Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Continuing with our local partnerships with carers, representatives, and system partners across the county, to support our Integrated Care Services Commitment to Carers and our active involvement in the countywide Carers Strategy	Active engagement has been established and continues. Details shared in external annual reporting and EDS review. Actions include: • Our active support and promotion of a Carer Friendly Worcestershire (All Age Carers Strategy). • Continuing as a key partner in local partnerships and networks with carers, representatives, and system partners across the county. Our collaborative approach supports our Integrated Care Services Commitment to Carers and our active involvement in the countywide All Age Carers Strategy. Reviewing Carer information through the Patient, Carer and Public Engagement steering group, which includes carer representation to update resources	Developed and ongoing
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	1B: Individual patients (service users) health needs are met	Support patients to be involved in their healthcare needs and support shared decision-making.	We developed our strategic approach to Patient Involvement and explored ways to capture feedback in new ways with a focus on digital solutions. Details shared in external annual reporting and EDS review. Our approaches include: • Our Inpatient survey, Big Quality Conversation, developments with Friends and Family test and the development of our Patient Voice and Involvement Strategy. • Quality Assurance visits and Ward accreditation programmes • Patient Representative engagement with a programme of visits provide an ongoing opportunity for patients to feedback about experiences • Excellence Accreditation programme, which provides “real time” opportunity for patient feedback about positive care and concerns about care.	Developed and ongoing
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			We continue to work with the Patient and Public Forum via regular formal meetings and joint projects. The PPF support with a programme of Audits.	
	1C: When patients (service users) use the service, they are free from harm	We will launch one Easy Read Big Quality Conversation survey which will be online, and paper based. We will work with local partners to develop this.	Details shared in external annual reporting and EDS review.	Developed and ongoing

	1D: Patients (service users) report positive experiences of the service	We will continue to develop and promote our partnership with AccessAble through a variety of ways including an enhanced focus in our Outpatients Letters through our Outpatients Transformation work, staff and patient awareness and continuing to review and create a series of detailed accessibility guides. We will promote our new partnership with Word360 to ensure that our local community and our staff are aware of our new partnership and how to access interpreters and translation support. We will continue to develop our partnership with a focus on quality improvement and delivery of services.	Details shared in external annual reporting and EDS review. We monitored the numbers of compliments recorded and continue to find new ways to encourage staff to capture and share this data. We launched a microsite for our staff to support with booking an interpreter or translation. A series of actions to develop our partnership to deliver a quality service have been shared in our external annual reporting and EDS review. This includes: • A pilot co-produced card to support d/Deaf patients • Development of a Check-a-Booking service in response to patient feedback A trial of Interpreting on Demand machines in our Emergency Departments in response to patient and staff feedback	Developed and ongoing.
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Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Increase staff awareness of personal health literacy.	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.	In place – ongoing
	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 Behavioural Charter.	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.	In place – ongoing
	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.	Psychological Wellbeing Service promotion will continue to ensure staff are supported at work.	In place – ongoing

	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
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Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	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). - Each Inclusion network is to have at least 1 nominated executive sponsor that attends all network meetings. - Launch our new trust values and early resolution approach.	In place – ongoing 2025 2025
	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	In place – ongoing

			committee meetings throughout the year.	
	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 and new people strategy • Communicate to Trust leaders NHS EDI Improvement Plan High Impact Actions. • Embed commitment and accountability of the high impact actions across the Trust • Launch our new trust values and early resolution approach. This will improve the experience of staff. With an emphasis on compassionate leadership and a kinder culture. • 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.	2025 / 2026

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