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The Royal Orthopaedic Hospital

28 February 2026

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Timeline

Domains selected – September 2025

Document send to stakeholders – September 2025

Moderation meeting - December 2025, January 2026

Engagement with external stakeholders and internal meeting – December 2025, January 2026

Staff side review – December 2025, January 2026, February 2026

Executive Director review – February 2026

Staff Experience and OD Committee (SE&OD) - February 23rd 2026

Submit - February 28th 2026

Equality Delivery System (EDS) Report Summary information

- The Trust is required to complete the EDS report on an annual basis as part of NHSE requirements
- Domains are focussed on (1) patients, (2) staff support and engagement and (3) inclusive leadership
- The Trust agrees three areas for the patient domain section with ICS colleagues to ensure consistency. The areas of focus for this year are Immunisation, Research and Pharmacy with sections being completed by service leads
- The information highlighted in Domain 1 shows some key work being undertaken to reduce health inequalities. It is advised that this work is shared wider across the Trust to highlight good practice
- Continued focus is needed in Domain 2 to support the work to reduce sickness and improve staff engagement
- The information has been reviewed by staff side colleagues and ICS EDI Lead (UHB) as outlined in guidance and the scores reviewed for each section
- Actions completed in the previous year are highlighted to track progress
- Partnering with union bodies to confirm final score
- The score assigned by external reviewers is 2.2. which equates to 'Achieving'.
- **The score equates to a small improvement from 2024 at 2**
- Key actions are noted for each domain and will be monitored on a biannual basis
- The final report will be submitted to BSol ICB EDI Team and NHSE EDS Team

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.

Name of Organisation		The Royal Orthopaedic Hospital		Organisation Board Sponsor/Lead	
				Sharon Malhi Chief People Officer	
Name of Integrated Care System		BSol			
EDS Lead	Clare Mair			At what level has this been completed?	
				*List organisations	
EDS engagement date(s)	<p>Staff Experience &OD sub board committee update, February 2026</p> <p>Executive meeting February 2026 – Update</p> <p>Staff networks – December 2025 and January 2026</p> <p>Feedback session with colleagues – January and February 2026</p> <p>ICS EDI Lead meeting August 2025</p> <p>ICS EDI Lead meeting October 2025</p> <p>ICS EDI Lead meeting November 2025</p> <p>ICS EDI Lead meeting December 2025</p> <p>OD and Inclusion monthly team meetings</p> <p>Update meeting (January 2025) Staff side UNISON and RCN representative</p> <p>Staff side representative (February 2025) December 2025</p> <p>RCN union representative February 2025</p> <p>Verbal update at Trust Consultative Committee – January 2026</p> <p>Progress updates from colleagues (see list at the end of this document)</p>			Individual organisation	<p>The Royal Orthopaedic Hospital</p> <p>Ongoing work with ICS EDI Leads for Domain 1</p> <p>Partnering and peer assessment with University Hospital Birmingham – Sue Price, Associate Director EDI</p>

			Partnership* (two or more organisations)	Staff side representative RCN Union representative
			Integrated Care System-wide*	EDI Leads, BSol
Date completed	February 2026		Month and year published	February 2026
Date authorised	February 2026		Revision date	

Progress in 2025

Key completed actions in the previous year aligned to each area (including actions completed from EDS 2025 plan)	
Action/activity	Related equality objectives
Additional physiotherapy locations have been set up in the community to enable patient access to services including community bus and Cocksmoor Woods Leisure centre community event.	Creating an inclusive and healthy ROH culture
Disability Confident Level 3 – Leader reaccreditation achieved	Creating an inclusive and healthy ROH culture
Jointcare patient pathways continues to support patients and their supporters in an innovative way to accelerate recovery supported by the GetUBetter app.	Creating an inclusive and healthy ROH culture
Awareness sessions are run throughout the year including International Women’s Day, Black History Month, Inclusion Awareness Day, Veterans awareness, Professional Nurse Advocate, Oliver McGowan Mandatory training, Domestic abuse awareness, Mental Health Awareness and Stress Awareness. Charitable funding secured by Women’s network for Fertility Support.	Giving colleagues and patients a voice ongoing
Successful reaccreditation of the Veterans’ Award quality mark. Veterans’ Remembrance celebration with a raising of the flag in the Trust Remembrance garden.	Giving colleagues and patients a voice ongoing
OD and Inclusion team regularly run regular wellbeing trolley walkabouts with Executive Directors and Trust Board members to engage with staff and patients (where appropriate) and hear feedback.	Ensuring our leaders, managers and colleagues role model in a compassionate and Inclusive Way

Objectives are confirmed for the Executive Team members as part of the High Impact EDI Improvement Action plan.	Ensuring our leaders, managers and colleagues role model in a compassionate and Inclusive Way
Completion of key development opportunities for staff including Me as a Manager - workshops (Managing and Motivating Teams, Managing and Motivating Individuals and Coaching Manager).	Ensuring our leaders, managers and colleagues role model in a compassionate and Inclusive Way
Civility and respect workshops designed and piloted.	Ensuring our leaders, managers and colleagues role model in a compassionate and Inclusive Way
Roll out of Appraisal Coaching Conversations training to address improving qualitative appraisal feedback in staff survey results.	Ensuring our leaders, managers and colleagues role model in a compassionate and Inclusive Way
Human Factors Development programme completed and online materials now available on the Learning Management system (LMS)	Ensuring our leaders, managers and colleagues role model in a compassionate and Inclusive Way
To support staff, a dedicated FTSU hub has been set up to provide in-person assistance for two days per week. In addition, a case management form has been	Giving colleagues and patients a voice

implemented for staff to formally raise concerns, and a feedback form to facilitate continuous assessment and improvement of FTSU activities.	
Programme started to increase diversity for volunteer members with focus on increasing representation for age, neurodivergence and technical backgrounds.	Giving colleagues and patients a voice ongoing
Youth Patient Forum continue to be run and developed to hear the voice of patients.	Giving colleagues and patients a voice
Patient Participation Group was started in September 2024 and continues to run forums for patients and staff.	Giving colleagues and patients a voice ongoing
Initial sessions delivered to managers on Multi-generational workforce, challenges and opportunities and the foundation for “Psychological Safety in the workplace”.	Giving colleagues and patients a voice ongoing
Relaunch of ROH Disability (Reasonable adjustments Health Passport) supplemented by disability posters highlighting illnesses - funded by a successful bid from the Workforce Disability Equality Standard (WDES) Innovation Fund.	Giving colleagues and patients a voice
The ‘Many Cultures One’ ROH photo exhibition continues to be displayed outside the hospital for both staff and visitors to learn more about diversity at the Trust Royal Orthopaedic Hospital - The Royal Orthopaedic Hospital Launches Many Cultures One ROH Exhibition.	Giving colleagues and patients a voice
Wellbeing weeks are run for colleagues and patient’s twice a year and focus on the Trust key areas of focus on stress, MSK and mental health.	Giving colleagues and patients a voice
Reports have been implemented to benchmark feedback from Learning Disability patients on comments and also compliments. The information is now reported to the Safeguarding committee.	Tackling and removing any forms of discrimination

Safeguarding training updated annually to support key diverse groups including LGBTQ+ patients and colleagues. Safeguarding policies updated in line with local and national updates overseen by safeguarding committee.	Creating an inclusive and healthy ROH culture
The Trust is working with the ICS to deliver The Oliver McGowan Mandatory Training Tier 1 and Tier 2 workshops with support from the Learning Disabilities Nurse and the Education and Training Team.	Creating an inclusive and healthy ROH culture
The Trust Charities team have run a number of projects to support patients during their stay at the Trust e.g. sensory room to support patients and their families.	Creating an inclusive and healthy ROH culture
Suicide prevention training and managing challenging mental health concerns workshops are ongoing for key staff members.	Creating an inclusive and healthy ROH culture
RACE Equality Code accreditation was achieved as part of an ICS EDI programme and launch of the anti-racist statement.	Creating an inclusive and healthy ROH culture
Seven staff members have successfully enrolled on the Birmingham and Solihull ICS “Possibilities Beyond Limits Programme” aimed at middle management level staff aiming for senior roles and particularly for ethnic minority and disabled/neurodiverse colleagues who continue to be underrepresented at senior level, with successful career progression for one person to date.	Ensuring our leaders, managers and colleagues role model in a compassionate and Inclusive Way

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		Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	<p>Service 1 – Immunisation Patient immunisations are not routinely provided at ROH due to the nature of the inpatient admission. From October 2025, inpatients that have a long stay (over 21 days) or those being discharged to a care home are being offered an influenza vaccination. This is to ensure those who are eligible (according to the Influenza green book chapter updated on advice from the Joint Committee on Vaccination and Immunisation – JCVI) do not miss the opportunity to receive this vaccine as a result of their hospital admission – for which they would have otherwise obtained vaccination in the community. Only patients who meet these criteria and are eligible for an annual flu vaccination are offered the vaccine as an inpatient.</p> <p>Flu vaccination is only offered during the winter period which runs from the 1st of September to the 31st of March the following year. ROH has a new standard operating procedure (SOP) in place to describe the process for identification of eligible inpatients and delivery of flu vaccination. This is reviewed annually to ensure any changes to the new seasonal flu vaccine are accounted for and any access issues are also considered.</p> <p>In addition</p> <ul style="list-style-type: none"> - There is a regular review of Business Intelligence (BI) data to assess potential patients - The team responsible for vaccination programmes are physically on wards on a daily basis to review patients - An interpreter is available and able to be used in the same way as for clinical needs 	2	Lead Infection Prevention and Control Nurse

		<p>Service 2 – Research</p> <p>The Trust strategy for research is designed to ensure that every patient of the hospital has the opportunity to take part in research. The Trust aims to deliver the work for home grown studies by including patients and members of the public in the development of research ideas, study design and patient facing materials. We do this via our Trust coffee mornings, where we often co-develop research ideas and recruit members to study specific patient and public involvement groups; and by patient and public involvement and engagement activities.</p> <p>The department also utilises interpreter services frequently to support research conversations.</p> <p>There are staff members who are ethnically and socioeconomically diverse, including staff who live with disabilities and members of the LGBTQ community. This helps to support patients to feel represented, helping staff to build a therapeutic alliance and feel safe with a health professional with similar backgrounds. This supports cultural sensitivity for patients and enhanced patient experience. There is also a team member who acts as patient and public involvement and engagement lead for the department.</p> <p>Together this enables us to ensure that the diverse community we serve, have the opportunity to take part in research at ROH.</p> <p>Service 3 – Pharmacy</p> <p>All inpatients are seen by a member of the pharmacy team. Information can be provided in accessible formats (easy read, translated labels/leaflets).</p> <p>The Pharmacy team has a diverse number of Individuals who are multi-lingual allowing team members who speak different languages to act as interpreters for medicines related information. Pharmacy staff liaise with ward teams to arrange interpretation where the team is unable to support discussions.</p> <p>Opening hours: The pharmacy service is open 9am-5pm. During the weekend there are no ward-based service. There is access to an on-call service for information on urgent</p>	2	Head of Research
			2.5	Chief Pharmacist

		<p>requests. For Pharmacy presence there is a lack of out of hours and weekend out of hours.</p> <p>The Outpatients (OPD) team has access to pharmacy team in hours but currently there are no pharmacists based in OPD services. All OPD prescriptions are screened by a pharmacist and dispensed in ROH dispensary</p> <p>The pharmacy department was designed to ensure wheelchair access with lowered reception hatch and wide doorways to the waiting room. To support physical disabilities and socioeconomic issues, the Pharmacy team arrange a delivery service of long-term antimicrobials and provide access to FP10 prescriptions for local medicine provision where appropriate.</p> <p>There is additional support for patients with hearing disabilities; a hearing loop system has previously been provided from Day Case Unit (ADCU) for patients and staff members</p> <p>Pre Operative care (POAC) is an emerging area for pharmacy service provision. The POAC pharmacist is prioritising the review of those with blister packs particularly for Learning Disabilities or patients with complex medicine needs.</p> <p>Inpatient service: Learning Disability (LD) patients are flagged to pharmacy. LD patients with low literacy have access to easy read medicines information. This information is a locally designed and approved resource.</p> <p>In addition, for protected groups access there is information in the form of videos, face to face sessions, QR codes and flash cards.</p> <p>For vulnerable frailty, the team undertake falls risk assessments and undertake polypharmacy reviews</p> <p>There is a self-administration policy for self-caring patients who can administer their own regular preadmission medicines. This may require adjustment in future to allow for carer administration. Departments have access to own medicines cabinet with an Abloy key.</p>		
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		<p>In the current work on emerging workforce planning, there is a project to look at Technician led triaging for prioritisation.</p> <p>Additional support for specific protected groups is shown below:</p> <p>Gender</p> <p>There is Teratogenicity of drugs for pregnant patients e.g. valproate Tailored advice for those breastfeeding Equal access regardless of identified gender.</p> <p>Religions</p> <p>The team provide Halal and Kosher access to medicines e.g. capsules and porcine based products Discussion is initiated with patients to understand requirement In addition, the team supports:</p> <ul style="list-style-type: none"> • Post and delivery as methods to administer medication • Information packs on anti-microbial procedure • Information on pain management • The team has access to different label formats to support patient’s additional needs 		
	<p>1B: Individual patients (service users) health needs are met</p>	<p>Service 1 – Immunisation</p> <p>Eligibility for influenza vaccination is set by the UK Health Security Agency (UKHSA) based on recommendations made by the Joint Committee on vaccination and Immunisation (JVCi).</p> <p>The Inpatient Influenza vaccination SOP sets out steps taken to identify and offer eligible patients the flu vaccine. Briefly, this involves:</p> <ul style="list-style-type: none"> • Identifying long-stay (≥21 days) or those being discharged to a care home – this is done by accessing Business Intelligence (BI) data and consultation with clinical staff/discharge lounge and clinical site team. • Identifying the patient’s current vaccination status. Discussing with the patients directly if possible, consulting medical records or if required accessing the shared care record system. 	2	Lead Infection Prevention and Control Nurse

		<ul style="list-style-type: none"> • The patients Consultant or clinical team is consulted to ensure the patient is medically stable and not planned for surgery within the next 7 days (or not had surgery within the last 7-days) to avoid confusing typical post-vaccination symptoms with post op complications. • Once it has been identified the patient is eligible and able to receive the vaccine they are offered the vaccine by the IPC team. The IPC team provide the patients with information on the vaccine and why it is being offered. Flu vaccination is optional – not mandatory. Trust polices for consent, mental capacity assessments and best interest decision is followed where required. • One of the Trust approved vaccinators for inpatients is asked to deliver the vaccine and this record is entered onto the ‘Record a vaccination’ service which links to the patients GP record. Administration also documents on the Prescribing and Information Communication System (PICS) as well as the patients discharge paperwork. • Post vaccination information is provided to the patient via the vaccinator and sign-poster to other resources as required (NHS choices – flu vaccination). <p>Service 2 – Research</p> <p>The ROH runs a diverse portfolio of research studies including interventional, observational and tissue collection research. All of our research members of staff are trained in Good Clinical Practice, ensuring they are trained in how to hold consent conversations and adhere strictly to ethically approved protocols that protect patients’ wellbeing.</p> <p>Good relationships with principal investigators and robust mechanisms for reporting adverse events ensure that patients remain safe whilst participating in research at ROH.</p> <p>The NHS R&D department ensures that participant recruitment is fully compliant with the Public Sector Equality Duty under the Equality Act 2010, actively promoting equality of opportunity and eliminating discrimination across all protected characteristics. We adhere</p>	2	Head of Research
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		<p>to Health Research Authority and MHRA guidance by requiring studies to be designed and delivered in ways that support equitable and representative participation. In line with the NIHR Research Inclusion Strategy, we expect Inclusion and Diversity Plans to demonstrate how under-served groups will be proactively considered and engaged. Through these measures, we ensure that access to, and benefits from research are fairly distributed and that our research activity does not contribute to widening health inequalities.</p> <p>Service 3 – Pharmacy</p> <p>Pharmacy have not received any complaints/ received via PALS/ incidents. Feedback from Coffee Catch up has been positive. Clinical pharmacy services are available on all wards and support available for outpatients and pre-admission clinic. Pharmacy teams will tailor the support offered to ensure individual needs are met, such as use of alternative dosage forms (liquids/dispersible forms for those with swallowing difficulties) Patients are flagged in advance of admission to ensure robust plans are in place: LD patients, Haemophiliacs and bone infection patients. All patients have access to specialist antimicrobial pharmacist. Future work is planned on demographics within the patients with multi drug resistant infections. Bone Infection service patients on, chronic or complex, anti-infective regimes are provided with written and verbal information to support recognition of side effects, ensure adherence to prescribed regimen and to signpost patients for queries post discharge. Pharmacy has regional access to advice/ resources for those breastfeeding, pregnant. Pharmacy uses resources/support available through colleagues at neighbouring large specialist trusts to support patients with cancer and other chronic underlying conditions. For frailty and LD patients, medicines are reviewed to optimise the patients' needs. Pharmacists are also present on physician led ward rounds for HDU and bone infection services.</p>	2.5	Chief Pharmacist
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		<p>Discharge medicines: all patients are supplied with new medicines on discharge. Large print and Braille labels are available where need identified.</p> <p>Adjusted counselling methods are in place for patients with learning disabilities or sensory needs.</p> <p>There are future plans to look at translated information, smart cards and videos for commonly issued items</p> <p>Large labels are used for those with visual impairment.</p>		
	1C: When patients (service users) use the service, they are free from harm	<p>Service 1 – Immunisation</p> <p>An inpatient vaccination protocol has been created to identify eligible patients, offer and administer the vaccine as well as ensure the accurate reporting and recording of all vaccination events. This links to the patients’ health record (GP accessed) to ensure continuity of care and information sharing.</p> <p>Vaccinations are only able to be administered by staff who hold a medication drug administration competency in addition to competency for the administration of vaccines which is taught in house by the Trust vaccination lead.</p> <p>Any incidents relating to inpatient vaccination are reported via internal incident reporting systems and thoroughly investigated. Untoward incidents related to vaccine administration or side effects are also reported via the Medicines and Healthcare products Regulatory Agency (MHRA) yellow card scheme.</p> <p>Trust policies regarding mental capacity assessment, consent, best interest decisions and reasonable adjustments are adhered to where the need arises.</p>	2	Lead Infection Prevention and Control Nurse
		<p>Service 2 – Research</p> <p>The department maintains robust systems to keep patients and service users safe from harm through strict adherence to approved study protocols, regulatory requirements, and a comprehensive suite of departmental Standard Operating Procedures. These include:</p> <ul style="list-style-type: none"> • Receiving informed consent • Randomisation & blinding in clinical trials 	2	Head of Research

		<ul style="list-style-type: none"> • Safety Reporting • Deviations and breaches <p>All research activity is subject to ongoing safety oversight, including the timely identification, reporting and review of adverse events and serious adverse events in line with HRA, MHRA and sponsor requirements. We ensure that researchers are appropriately trained and that studies operate within approved governance and risk management frameworks. These mechanisms provide assurance that potential risks are proactively monitored, managed and escalated, and that participant safety remains the primary consideration throughout the research lifecycle.</p> <p>Good relationships with principal investigators enable these processes.</p> <p>For ROH sponsored studies, adverse events are reported to Research & Development committee (a sub-committee of Trust Board) for oversight.</p> <p>Service 3 – Pharmacy</p> <ul style="list-style-type: none"> - ROH has a good reporting culture, robust governance structures and learning from incidents is prioritised amongst staff, to avoid recurrence that may lead to patient harm. - Pharmacy provide training for the team, with dedicated CPD opportunities on Wednesday mornings- this has included sessions from Physiotherapy, Wellbeing, Inclusion, Frailty and falls, anaesthetists and specialist pharmacists. - During weekdays every ward has a qualified pharmacist and technician and access to senior support when required. - Daily patient reviews are carried out for all inpatients. - As a diverse team, staff are able to provide information and carry out accurate medicines’ reconciliation in a number of different languages. Where appropriate staff have access to external interpreters to support accurate information flow to patients. - For prescribing pharmacists, decision support is available in the form of guidelines, PICS structured templates and allergies/ co-morbidities are mandated on PICs online system. 	2.5	Chief Pharmacist
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		<ul style="list-style-type: none"> - We ensure drug histories are taken from patients using two sources of information to ensure robustness. This includes the patient, their own medicines and GP records in most instances. Pharmacists undertake full medicines reconciliation and highlight to medical teams any unresolved queries with patients' prescriptions. There is however a gap in day case area and out of hours pharmacy provision. - All death reports have pharmacy input recorded. - Controlled drugs- opioid stewardship programme is being established within the Trust, and pharmacy are involved in this process. - Safety huddles are held every morning where complex patient cases are discussed so the wider team are aware. - There are closed loop systems and automation with the use of Omnicell. - Yellow card reporting is encouraged for all adverse drug events. - Pharmacy staff are involved with ward rounds reviewing bone infection service, antimicrobial stewardship, pain rounds and physician led - Auditing schedules for key quality indicators- including medicines storage and controlled drugs are carried out at least bi-annually and reported to governance meetings. - There is a regular review of the Medical Operations policy to highlight inclusion, health inequalities and culture – this is a 3-year policy - An impact assessment was completed for robotic picking system during implementation of the system 		
	<p>1D: Patients (service users) report positive experiences</p>	<p>Service 1 – Immunisation</p> <p>Inpatient vaccination for flu was only implemented during October 2025. Patient feedback regarding flu vaccination would be collected via existing methods of patient feedback such as the Friends and Family Test, PALS communications if there have been issues etc,</p>	2	Lead Infection Prevention and Control Nurse

		<p>rating was 3/5. Post-intervention, 94% found the counselling helpful, 76% found the information cards useful, and 24% preferred the combination of cards and videos. No patients preferred videos alone. Patient experience ratings improved to 4/5, with 16 out of 17 patients reporting the intervention as beneficial. The intervention improved patient understanding and satisfaction, particularly among those aged 45–64.</p> <p>Staff within the department provide compassionate care throughout their patient interactions. An example from the previous 12 months includes compassionate engagement with a patient involved in a serious medication related incident, ensuring the patients views were included in the incident investigation outcomes and providing verbal and written feedback to patients on the progress of these actions.</p> <p>Further examples include our AMS team liaising with couriers, ROCS outreach and outpatient appointments teams for our BIS patients to avoid unnecessary trips to the Trust to collect medication. The team also arranged prescription of injectable anticoagulant to cover a patient whose surgery was unexpectedly cancelled due to snow. The team also acted upon feedback from post operative patients on their pain medication counselling. Patient feedback led to the development of a new pain leaflet to support safe discharge for all post operative patients.</p> <p>In the next 12 months it is planned to redesign the leaflet into multiple languages and large print.</p>		
Domain 1: Commissioned or provided services overall rating			2.2	

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	<p>The Trust (ROH) tracks Health and Wellbeing performance by using the National Health and Wellbeing Framework for the NHS. The framework measures 7 criteria and ROH has seen a positive increase in 6 of the 7 criteria -</p> <ul style="list-style-type: none"> Personal Health and Wellbeing Relationships Managers and Leaders Environment Data Insights Professional Wellbeing Support <p>Fulfilment at work saw a marginal decrease Actions from this work fit with the wellbeing priorities</p> <p>Wellbeing information which includes health information and mental health support is shared with staff in a number of ways including:</p> <ul style="list-style-type: none"> • Information packs in each department • Wellbeing noticeboards across the Trust • Wellbeing information shared with all departments • Weekly Wellbeing email • Monthly Managers Calls • Professional Nurse Advocates (PNA) across the trust • Wellbeing Champions • Wellbeing Conversation Training • Library of support – Five Ways to Wellbeing • Me as Manager Mental Health Awareness 	2.5	Deputy Chief People Officer

		<ul style="list-style-type: none"> • Mental Health Training for Managers - MIND • MSK community bus led by physiotherapists • Knit and Natter group. <p>Biannual Wellbeing week highlights health issues focused on stress, mental health and sickness. Support available e.g. exercise bicycle to monitor heartbeat, Wellbeing trolleys As part of the wellbeing events exercise classes are available for staff to attend e.g. MSK workshops, yoga and Pilates.</p> <p>The Trust works with Access to work to support colleagues with mental health conditions</p> <p>Occupational Health services are available to support staff with health screening or health checks.</p> <p>Staff have access to Citizen’s Advice Birmingham, a direct line for help and support, and Kapella (formerly Relate) counselling for help and support. Perkbox (previously VIVUP) the Employee Assistance programme (EAP) provides health information to promote healthy living. This includes counselling services support. This is available for all staff. The Trust also works with HSBC and Barclays to help staff with financial wellbeing support which has an impact on mental health</p> <p>Staff have access to the NHS Regional Staff mental health Hub with funding that has been extended to March 2026</p> <p>Staff have access to Kapella (formerly Relate) counselling for help and support.</p> <p>Staff receive regular information and can access support for Cost of Living issues. The cost of living projects to support mental health of our staff includes free out of hours healthy meals, ROH Pantry (foodbank) and free porridge and £1 meals in the Café. In</p>		
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		<p>addition, the Blue bag project provides free sanitary products. This work has been funded through a Birmingham Council initiative which a further amount secured for the next 12 months. The Trust has also just been awarded a grant to support smoking cessation for staff members.</p> <p>Post Graduate Doctors receive support with twice a year induction, providing support specifically for this staff group. Information is also provided in their rest room.</p> <p>Staff networks and support groups help to support the sharing of information as well as giving colleagues a voice: Mankind, Menopause, Equality and Diversity, MMEG, Able, Women’s Network and BeMyself (LGBTQ+). Colleagues are able to raise key issues at the start of each Staff network meeting. This can be colleagues from the diverse group or as allies. Each network is supported by an Executive Board member and has full support from the OD and Inclusion team.</p> <p>Projects undertaken in networks have included Staff Health (Reasonable Adjustments) passport, Breastfeeding project and Menopause champions</p> <p>Sickness data is shared at key meetings to understand links and agree support needed in different areas for staff members.</p> <p>Staff have access to Therapies services treatment through self-referral and occupational health to support MSK, weight and other health issues. A new role has recently been introduced to the Trust to provide preventative MSK support for staff</p> <p>Healthcare workers are eligible to receive the annual influenza vaccination. This programme is delivered onsite for all Trust staff – not just frontline healthcare workers, between October and March each year</p>		<p>Head of Therapies</p> <p>Lead Infection Prevention and Control Nurse</p>
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	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>Staff survey results are comparable to higher performing Trusts across the NHS. For the Staff survey (2024) results, the key staff questions are -</p> <ul style="list-style-type: none"> ○ Staff who were free from harassment, bullying or abuse at work from managers decreased marginally 2023 - 90.7% 2024 – 88.4% ○ Staff who were free from harassment, bullying or abuse at work from other colleagues improved slightly 2023 – 81.3% 2024 – 81.6% ○ Harassment, bullying or abuse at work from patients, their family or friends slightly worsened from 2023 - 84% 2024 - 83.8% ○ Staff free from experiencing physical violence at work from patients / service users, their relatives or other members of the public remained the same at 96.2% <p>It slightly improved for those</p> <ul style="list-style-type: none"> ○ Not experiencing violence from managers from 2023 - 99% 2024 - 99.1% <p>And slightly worsened for those</p> <ul style="list-style-type: none"> ○ Not experiencing violence from colleagues from 2023 - 99% 2024 - 97.9% 	2	Deputy Chief People Officer
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		<p>However,</p> <ul style="list-style-type: none">○ Reporting of violence improved patients 2023 - 64.3% 2024 - 66.7% <p>Suggesting people are more comfortable to report it, more aware of what constitutes violence and are less willing to accept it and have more faith that something will be done about it.</p> <p>Comparing these scores for WRES and WDES are:</p> <p>WRES</p> <ul style="list-style-type: none">○ Free from abuse, harassment, bullying from staff had a positive increase from 2023 - 72.2% 2024 - 77.83%○ Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months increased from 2023 - 22.27% 2024 - 26.98% <p>As part of the People Plan priorities, the Trust has achieved the RACE Equality Code standard and introduced the ROH Anti-Racist statement.</p> <p>Bullying and Harassment (B&H) triangulation reporting provides key information for the B&H working group in place to look for patterns/hotspots and address any issue through a triage approach.</p> <p>WDES</p> <ul style="list-style-type: none">○ Staff free from abuse, harassment, bullying from staff is a positive increase from 2023 - 71.1% 2024 - 76.83%		
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		<p>Percentage of staff</p> <ul style="list-style-type: none"> ○ Experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months, increased (worsened) slightly from 2023 - 22.56% 2024 - 23.62% <p>The results for NHS Staff Survey 2025 are not yet published but the information will be used once the national embargo is lifted in March 2026.</p> <p>Staff listening group and focus groups have continued to give colleagues the opportunity to share any feedback and issues. These sessions are open for all staff.</p> <p>The Trust is continuing to develop staff networks and support group to support colleagues and give staff a voice. There has been increased participation from staff as mentioned above most notably for MMEG following promotional walkarounds by MMEG Chair and Executive Sponsors.</p> <p>Network chairs meetings take place on a regular basis to share ideas, offer support and discuss how collective work links back to the People Plan and inclusion agenda.</p> <p>Awareness projects to support diverse staff groups continue to evolve with examples including Beyond the Stigma, LGBTQ+ History Month, South Asian Heritage Month and Black History Month, Fertility and Carers.</p> <p>Sessions are run on Psychological Safety in the Workplace, a multi-generational workforce. Civility and Respect sessions incorporating active bystander training have started to be rolled out across the Trust.</p> <p>The Executive team led on the implementation of the RACE Equality Code and actively support that no colleague should be a victim of harassment and bullying.</p>		
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	<p>The Chief Nurse has endorsed new posters around the Trust to confirm a clear approach and commitment to support any staff experiencing bullying and harassment of any kind from staff, patient and visitors</p> <p>Further work has been developed to enable staff with protected characteristics to be supported to report and refuse treatment to patients who verbally or physically abuse. This work is to be linked to the NHS violence reduction framework and health and safety forum.</p> <p>Work has been completed by the nursing colleagues on the Sexual Safety Charter standard, and the introduction of the charter is completed.</p> <p>There are Domestic Abuse and Sexual violence advocates who support staff and are trained by the Safeguarding team</p> <p>The Trust is part of the Taskforce as a response to the Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) report</p> <p>The Trust attends the ICS EDI calls to discuss best practice regarding any form of harassment or bullying.</p> <p>Safeguarding (SG) training is undertaken to raise awareness on and to support colleagues</p> <ul style="list-style-type: none"> • Roadshow and awareness events • SG Champions Day is held quarterly to support and help further educate staff • Full support from initiatives from Staff side and union support <p>SG Champions Day are run biannually to support and help further educate staff.</p> <p>The Royal Orthopaedic Hospital has a Domestic Abuse (DA) Lead for the Trust who is the Head of Safeguarding, and which is recognised by House of Lords for DA work at ROH and Birmingham City wide domestic abuse strategy.</p>	Deputy Chief Nurse
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		<p>As per the role the Lead delivers annual training to the clinical and non-clinical domestic abuse champions</p> <ul style="list-style-type: none"> • There are two domestic abuse policies in place which support staff, patients, visitors, and families which is reviewed and updated in accordance with local and national guidance yearly • The domestic abuse lead has designed an internal domestic abuse care pathway which supports staff and patients with assessing the risks of victims and their children. • Three areas within the risk assessment ask the routine enquiry (domestic abuse question) to all patients accessing our services (Physiotherapy, POAC and ADCU) • All staff who complete level 3 safeguarding training receive DASH risk checklist training and are provided with an internal “we are here to help” domestic abuse card which assist staff with internal and external domestic abuse procedures • The domestic abuse lead attends and contributes to regional domestic abuse meeting hosted by NHS England bi-monthly • The domestic abuse lead completes an annual domestic abuse audit which is shared with the safeguarding committee to provide assurance to the Trust. • All staff domestic abuse disclosures are managed by the domestic abuse lead and support is provided by the staff members line manager and HR • All departments within the Trust have access to the ROH domestic abuse signposting cards which provides contact details of domestic abuse services. The domestic abuse services are inclusive to the victim’s culture, sexuality and gender • Domestic abuse and Sexual Violence advocate is in place on a 2 year fixed term contract funded by Charitable Funds who supports staff who are victims for up to six weeks <p>The Trust continues to roll out the Oliver McGowan Tier 1 Mandatory Training in Learning Disability and Autism. The e-learning went live in April 2023 for all staff. Part 2 of the training has been promoted since September 2024 and by April 2026 60% of staff should be compliant with Part 2.</p>		<p>Head of Education and Training</p>
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		<p>The lead has undertaken training to facilitate the Oliver McGowan training Part 2, Tier 2.</p> <p>The Education and Training team and the learning disability and autism clinical nurse specialist attend regular stakeholder meetings. Whilst this training is predominantly focussed on patient interaction, it also highlights support required for any person with a learning disability or autistic person.</p> <p>Bespoke training is provided to departments to raise awareness of learning disability and autism and how to support colleagues.</p>		
	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<p>The Freedom to Speak up Guardian (FTSUG) and the nine FTSU Champions (volunteers) from various background and qualifications have been recruited to help maximize effectiveness and visibility across the Trust. Their role facilitates patients and staff having a positive voice and helping to embed an inclusive and healthy culture. They understand the values of the Trust and with guidance and support from the FTSU Guardian, deal with concerns in a compassionate manner.</p> <p>The Trust benchmarks well against other Organisation FTSU Culture and this is shared with the Trust Board. The FTSU Team ensure that October FTSU Campaign is impactful across the Trust and used as a time of celebration, education and awareness and to embed a culture where staff are encouraged to speak up about anything that prevents them from providing the highest standard of care and promote an environment that is fit for purpose for staff</p> <p>The FTSU Guardian continues to further develop the number of FTSU Team to ensure that speaking up is a part of everyday business. The FTSU Guardian is also working with managers and leaders within the Trust to develop a system to triangulate information to be able to improve better support and outcome for staff members</p>	2	FTSU Guardian

		<p>Self-referral Counselling service through the Trust Employee Assistance Programme (EAP). Staff also have access to the ICS NHS mental hub</p> <p>Colleagues are encouraged to use the online tool from Birmingham & Solihull Waiting Room for health and wellbeing support.</p> <p>Other support includes:</p> <ul style="list-style-type: none"> • Biannual Wellbeing weeks to share information with all staff across the Trust on ways to access support • Listening Sessions on key topics • Staff attending Schwartz Round • Support from Workforce and OD team to help with signposting to the correct solutions • Network of Health and Wellbeing champions • Sessions run at departmental meetings to cover support available • Awareness sessions run at various events • Wellbeing Tea trolleys used as an additional way to promote support in all areas • Occupational Health support • Employee Assistance Programme support (EAP) • Professional Nurse Advocates (PNA) <p>There is also ongoing partnering with union representatives and staff side to keep them updated on key work, any issues and support available.</p> <p>Equality Impact Assessments are used for all Trust policies, projects and some patient pathways.</p>	<p>Deputy Chief People Officer</p>
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	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>Staff who would</p> <ul style="list-style-type: none"> • “Recommend my organisation as a place to work” the results saw a slight decrease from 2023 - 72.7% 2024 - 71.4% <p>Similarly, there was a slight decrease when responding to</p> <ul style="list-style-type: none"> ○ “If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation from 2023 - 85% 2024 - 84.7% <p>In addition, the scores for the 7 NHS People Promise Themes (rated out of 10) for 2024 saw improvements in 4 areas:</p> <ul style="list-style-type: none"> ○ “We are rewarded and recognised” 2023 - 6.09 2024 - 6.13 ○ “We are always learning” 2023 - 5.57 2024 - 5.70 ○ “We work flexibly” 2023 - 6.47 2024 - 6.66 ○ “We are a team” 2023 - 6.78 2024 - 6.81 	2	Deputy Chief People Officer
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		<p>There were decreases in 3 themes</p> <ul style="list-style-type: none"> ○ “We are compassionate and inclusive” 2023 - 7.45 2024 - 7.42 ○ “We each have a voice that counts” 2023 - 6.88 2024 - 6.84 ○ “We are safe and healthy” 2023 - 6.56 2024 - 6.55 <p>The scores for the 2 other Staff Survey Themes saw a decrease in</p> <ul style="list-style-type: none"> ○ Staff Engagement 2023 - 7.16 2024 - 7.13 <p>But an increase in</p> <ul style="list-style-type: none"> ○ Morale 2023 - 6.28 2024 – 6.31 <p>Information from the National Staff Survey is used to inform key priorities to support staff engagement.</p> <p>Staff networks include on every agenda a ‘check in’ section to allow all participants to raise concerns or points of interest.</p>		
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		The Trust has a ROH onboarding programme which includes a 100-day programme led by the Executive Directors. This includes future learning opportunities. Every new starter is asked for feedback on their experience of the process		
Domain 2: Workforce health and well-being overall rating			2.1	

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	<ul style="list-style-type: none"> • Equality & Diversity data is shared with finance colleagues and other staff responsible for service procurement, in order to support decisions making • Equality and Diversity data now available in an Integrated Performance Dashboard for those responsible for managing and procuring services. • Staff networks include Executive and senior leader sponsors • Executive and senior leaders support inclusion awareness sessions • Executive and Non-Executive Directors (NEDs) work with other organisations to network and raise awareness • All Leadership programmes include an element of Inclusive and Compassionate Leaders • Trust Board members regularly meet colleagues and patients at Trust Board and sub committees to understand different lived experiences • Trust Board members and senior leaders regularly visit different departments in the Trust to meet colleagues (and patients) as part of the Trust wellbeing initiatives • Equality impact used on projects and patient pathways and policies (approach currently being updated) • Senior Leaders continue to attend upskilling sessions for colleagues 	2	Deputy Chief People Officer

		<ul style="list-style-type: none"> • Staff networks are supported by an Executive sponsor • The Staff Experience and OD committee meeting is undertaken bimonthly to give assurance on the Equality Diversity and Inclusion work. The Quality and Safety committee gives assurance on Health Inequalities work. • The Chair of Trust Board and Executive Directors have equality objectives as part of the EDI Improvement Plan which are tracked for progress • Executive Directors and NEDs directly support with listening sessions on topics including Cost of living, and Menopause • Trust Board place a particular focus on Race Equality and steps to broaden this work • The Trust has implemented the RACE Equality Code sponsored by Trust Board members; with the work being completed across the wider ICS organisations. Accreditation was achieved in August 2025 • Anti-racist statement was launched in the Trust in November, and work continues to embed and engage with all staff 		
	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<ul style="list-style-type: none"> • All policies and projects must include Equality Impact Assessments, and these documents are reviewed at Trust Board and sub-Board committees • Equality Diversity and Inclusion and Health Inequalities information is regularly presented to Trust Board and other sub-Board committees with actions logged • Trust Board receives a biannual report from the Freedom to Speak up Guardian 	2	<p>Deputy Chief People officer</p> <p>FTSUG</p> <p>Deputy Chief Nurse</p>

		<ul style="list-style-type: none"> Equality and Health Inequalities risks are included on the risk register and reviewed on a monthly basis. Health inequality data is shared in senior operations meetings 		
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	<ul style="list-style-type: none"> Integrated Health and Equalities dashboard is reported to senior leaders on a quarterly basis Model hospital is used to share information across the Trust Information on EDI metrics is shared regularly with Senior and Executive leaders at all Board meetings Information on WRES, WDES, EDI Improvement plan and other key reporting are presented and discussed with Board meetings to show progress and provide assurance Pay Gap reports are presented at the Staff Experience and OD (SE&OD) committee and the Gender Pay gap report is approved by Trust Board before publication Feedback from work with external partner including Inclusive Companies and Thrive at Work 	2.5	Deputy Chief People officer FTSU Guardian Deputy Chief Nurse
Domain 3: Inclusive leadership overall rating			2.1	

Third-party involvement in Domain 3 rating and review	
Trade Union Rep(s): Staff side – 2 RCN union - 2	Independent Evaluator(s)/Peer Reviewer(s): 2.2

EDS Organisation Rating (overall rating): 2.1
February 2025

Organisation name(s): The Royal Orthopaedic Hospital

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 2023/2024	
EDS Lead	Year(s) active
Clare Mair, Head of OD and Inclusion	8
EDS Sponsor	Authorisation date
Sharon Malhi, Chief People Officer	February 2026

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Review of Inpatient Influenza Vaccination SOP to support health inequalities.	Undertake annual review and include more information on how to better enable access to vaccination for patient with Protected Characteristics – specifically relating to the consent to treatment process.	September 2026
		Work with Research network (ALIGN) and University of Birmingham to address health inequalities in orthopaedics and increase access	<ol style="list-style-type: none"> 1. Apply for funds to bring PhD student to ROH to explore experiences of patients who do not have English as a first language 2. Apply for national grant funding (RfPB) for ALIGN project 3. Organise ALIGN event celebrating success and networking 4. Publish systematic review and editorial to highlight the need for more to be done nationally regarding health inequalities in orthopaedics. 	January 2027
	1B: Individual patients (service users) health needs are met	Ensure all patients are able to access medication in order to reduce health inequalities	Expand information written in different languages for medications using feedback from patients	March 2027

	1C: When patients (service users) use the service, they are free from harm	Increase access to support for patients who are preoperative	Review options and implement virtual clinics to support preoperative Pharmacy appointments	March 2027
	1D: Patients (service users) report positive experiences of the service	Undertake National Participant in Research Experience Survey (PRES) for Research	Complete survey and share findings	Date of next survey to be confirmed

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	Enabling staff members to have access to health information and services to provide a healthy and supported workforce	Further work to expand the information provided to staff on health issues through Health and Wellbeing initiative with a focus on reducing staff sickness. Ensure interventions are targeted in line with HR and Wellbeing initiatives	February 2027
			<ul style="list-style-type: none"> Review Wellbeing Plan and NHS Health and Wellbeing framework to track progress Review effectiveness of Managers on Mental Health training support for teams 	August 2026
			Update annual Wellbeing priorities with clear metrics	April 2026
			Deliver focussed two wellbeing weeks events per year to support staff in current additional work pressures aligned with sickness and staff engagement	November 2026

	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>Working to reduce abuse, harassment bully and physical violence across protected characteristics</p>	<p>Ensure information from the staff survey data, sickness and absence data is used to identify key priorities and metrics and track progress through Bullying and Harassment work group. Key information to include:</p> <ul style="list-style-type: none"> • HR data • Staff survey information • FTSU information • Incident information <p>Further work to enable staff with protected characteristics to be supported to report and refuse treatment to patients who verbally or physically abuse. Work to be linked to the violence reduction framework and health and safety forum Sexual safety charter implemented. Improvement in sexual reporting</p> <p>Further work to embed anti racist statement work in line with RACE Equality Code</p>	<p>December 2026</p> <p>February 2027</p> <p>December 2026</p>
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2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Ensure staff and managers have different options to speak up and have access to support	FTSU Guardian to further develop FTSU network and develop a system to triangulate information in order to improve better support and outcomes for staff with support across the Trust	February 2027 Regular updates at Trust Board
	Implement Civility and Respect programme to upskill managers and staff in inclusive behaviours	<p>Deliver Civility and Respect programme with sessions run at:</p> <ul style="list-style-type: none"> • With teams and supported by managers • Part of the Me as Manager programme <p>Work to include:</p> <ul style="list-style-type: none"> • Feedback survey to track individual progress • Clear metrics 	February 2027
	Ensure correct counselling is in place to support staff and managers with managing stress and mental health	<p>Undertake review to ensure provision is effective and easy to access. Work to include</p> <ul style="list-style-type: none"> • Review to ensure a transition plan is in place to replace Mental Health hub in April 2027 • Review reporting for staff usage feedback 	December 2026

	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>Improve the experience of staff members and aid retention</p>	<p>Ensure clear Trust wide actions plans identified and actioned with National staff survey results and other survey data.</p> <p>Review of staff networks / support groups to ensure effectiveness and all colleagues and have access to staff voice initiatives</p> <p>Continue to work with external partners to benchmark through accreditation with Inclusive Companies and Thrive at Work</p>	<p>September 2026</p> <p>May 2026</p> <p>February 2027</p>
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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	Board members and managers at all levels are well engaged with Equality and Health Inequalities work across the Trust (2024)	<p>Develop work with the Board members on implementing the Leadership Framework for Health Inequalities Improvement.</p> <p>Objectives to be included for Trust Board chair and Executive Team members on High Impact EDI Improvement Action plan Health Inequalities Group to provide regular progress updates to the Trust Board</p> <p>Adoption of RACE code with sponsorship for Trust Board</p>	<p>February 2027 Ongoing</p> <p>September 2026</p> <p>February 2026</p> <p>October 2026</p>
	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 (HI) impact assessments are well embedded and understood across all the work at Trust	Develop work to ensure Equality and health inequalities are well reflected in the organisational strategy and business plans	May 2026
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	Ensure effective monitoring of Equality and Health Inequalities for staff and patients	Report format established and presented to senior leaders to include all NHS metrics	May 2026

<p>Work supported by colleagues including:</p> <p>Head of Infection Control Head of Research Chief Pharmacist Pharmacy team</p> <p>Chief People Officer Deputy Chief People Officer Head of OD and Inclusion Engagement and Wellbeing Officer Education and Training Manager OD and Inclusion Manager Director of Strategy not yet completed Deputy Director of Finance, Chair Able Deputy Chief Nurse Clinical Nurse Specialist Infection Control, Matron, Wards Therapies Services team Head of Patient Experience Freedom to Speak up Guardian, Chair of Equality and Diversity Multi Minority Ethnic Group (MMEG) network Staff side Executive Team Workforce and OD Team Staff networks</p>	<p>Example Evidence</p> <ul style="list-style-type: none"> • Information from Senior Nursing team • Information from PALS Team • Information from Research Team • Information from Pharmacist team • Information from Infection control Team • Information from IPC reporting • National Staff Survey (NSS) result 2024 • Information for the WRES Indicator 2024 • Information from WDES indicators 2024 • Information from Equity Monitoring tool • Information from EDI Improvement plan • Meeting and updates with colleagues across the Trust • Patient data • Information from external organisations including Thrive at Work and Inclusive companies
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