Classification: Official

Publication approval reference: PAR1262

NHS England

NHS Equality Delivery System 2022

EDS Reporting Template

Version 1, 15 August 2022

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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		Airedale NHS Foundation Trust	**Organisation Board Sponsor/Lead**
			Lianne Robinson, Chief Nurse Jo Harrison, Director of People and Organisational Development
Name of Integrated Care System		West Yorkshire	

EDS Lead	Sajan Sathyan, Deputy Chief Nurse Katherine Duke, Deputy Director of People and Organisational Development		**At what level has this been completed?**	
				***List organisations**
EDS engagement date(s)	12th Feb 2026		**Individual organisation**	Airedale NHS Foundation Trust
			Partnership* (two or more organisations)	Bradford Teaching Hospitals NHS trust Bradford District Care Trust
			Integrated Care System-wide*	West Yorkshire ICB

Date completed	17th Feb 2026	**Month and year published**	February 2026

Date authorised	23rd Feb 2026	**Revision date**	N/A

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

As part of our ongoing assessment and commitment to service improvement, three key services were selected for evaluation as part of EDS22: infant feeding, home enteral feeding, and mental health service within the Emergency Department (ED). Representatives from the trust attended a community engagement event in Bradford on 12/02/2026, where valuable feedback was gathered from service users and stakeholders who were present. Following this review, Trust's services were rated as 'Achieving', reflecting strong performance and positive impact across these domains.

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	**Infant feeding service** • Use of QR codes to provide high quality information in a range of languages. • Care plans are tailored to the individual needs of each patient. Team member continuity is maintained throughout every stage of the pathway. • Multi-channel access was achieved through 53 home visits, including outreach to the most deprived areas and rural areas as required, along with inpatient and community contacts. All referrals were attended to, with no individuals opting out or left uncontacted. • On average 26% of cases were seen on postnatal ward prior to a visit at home. Improved continuity (continued upward trend). • Referral pathways are designed to be inclusive, adaptive and equitable access with the focus on tailoring individual needs and plans of care to the pathway.	2-Achieving	Women's and Children's Division Dietetics Department Emergency Department

		• Flexibility offered to meet family's needs and accessibility eg offer of face to face, clinic appointments or home visit • Postcode and ethnicity are included in the referral criteria – opt out process with zero opt outs reported • Outreach attend Baby Week Bradford, antenatal groups in Keighley, and a secondary education careers evening to boost awareness and access. **Home Enteral Feeding (HEF) Dietetic Service** • The Home Enteral Feeding (HEF) pathway and referral criteria are designed to be inclusive, ensuring that a diverse range of patients can access support tailored to their individual health needs. This approach demonstrates adaptive practice, accommodating variations in patient circumstances and requirements, and promoting equitable access to the service. • IMD data indicates 19% adult HEF patient caseload seen in the most deprived areas and this is the highest percentage of any of the areas 1-10. Including paediatric HEF data this rises to 26% and for the whole dietetic service 22% of patients are seen in the		

		most deprived areas of Airedale, Wharfedale and Craven • Offer face to face, telephone or home visits dependant on patient's needs.172 home visits conducted in 2025 by Adult HEF team • Adaptive and flexible working – visit times agreed according to patient's needs • The current caseload comprises a wide range of patient populations, encompassing various ethnic backgrounds and ages from 18 to 90 years. This includes individuals with learning disabilities (LD) and motor neuron disease (MND). • Nutrition MDT set up by Adult HEF Dietitian includes gastroenterology consultant seeing complex patients with functional symptoms and mental health issues. This was set up by the service to improve care for patients with tube feeds and allow more support for those with mental health issues. • Transition MDT with rehabilitation consultant – set up joint clinic to enable enterally fed patients transitioning from paediatric to adult services to have the access they need to healthcare.		

		• Case studies demonstrating real examples of where care has been tailored to the needs of the patients **Mental health in ED** • The established processes are in place to ensure that service users have timely access to appropriate care, including pre-hospital referral to the First Response Team, prompt individual risk assessments upon arrival to the Emergency Department, initial review by a Psychiatric Liaison Nurse within 60 minutes, onward referral to the BDCT Mental Health Team for further assessment within four hours, and decisions regarding admission made within 12 hours • The average time to first assessment for those with a Mental Health presentation that are older than 18 was 25 minutes with significant improvements observed from April 2025 • For those with Mental Health presentation under 18 years old the average time to first assessment was 22 minutes. • Mental health cases accounted for 2.7% of Accident and Emergency (A&E) attendances.		

		• For patients requiring out-of-area transfers, bed wait times have been significantly increased. In 2025, ten individuals, aged 19 to 62, experienced waits ranging from almost 7 days to 4 days before being transferred to an inpatient bed in East Lancashire.		
	1B: Individual patients (service users) health needs are met	**Infant feeding service** • Throughout the year, the service demonstrated a commitment to flexible, person-centred care, responding to individual needs across a range of feeding support scenarios. A total of 171 cases met the referral criteria, and notably, a further 37 cases that did not strictly meet criteria were still provided with support, highlighting the service's adaptability and patient-focused approach. Support was delivered using various modalities—including home visits, inpatient care, and telephone consultations—ensuring accessibility for all, including those in remote locations. • Individualised and personalised care plans. • Interpreters are used when required but alternative resources are being explored.	2-Achieving	Women's and Children's Division Dietetics Department Emergency Department

		• The introduction of MSWs in late September 2024 notably enhanced continuity and targeted support for individual feeding needs. • Breastfeeding outcomes showed improvement over the reporting period • The rate of breastfeeding initiation increased from 65.51% in Q3 2024 to 65.90% in Q4 2025. Discharges from inpatient care rose from 41.50% to 44.10%, and discharge rates to Health Visitors increased from 32.80% to 40.03%. • Maternity Neonatal Voices Partnership Lead assists the service with responding to themes, service user feedback, surveys and co-produced patient information leaflets, guidelines, 15 steps and structured engagement events. • Maternity Passports are being launched in 2026 to further improve communication and personalised care. **Home enteral feeding** • Transition pathway instigated meeting the needs of patients transferring from paediatrics to adults. Also, regular meetings with paediatric team to ensure smooth transition and patient needs are met		

		• HEF initial assessment includes looking at all aspects of patient's life including additional needs. Liaising with patient, carers, other healthcare professionals to ensure full understanding of each individual patient to tailor treatment/feeding regimes to their specific needs • Audit of service – results indicate 100% of patients were trained appropriately for their needs, aware of how to recognise and prevent any issues and know how to contact our HEF team for urgent advice and support. • Transitions Working Group – set up with learning disabilities specialist practitioner and paediatric and adult medical team to improve care for patients with learning disabilities through the transition period. **Mental Health in ED** • The department has one suitable room for mental health patients in distress. • All patients are offered food and drink during their attendance in ED, particularly if waiting for more than 4 hours. For patients waiting more than 6-8 hours, a hot choice is offered. Individual preferences are offered where possible		

		• The department use interpreting services currently however alternative options are being explored. A small selection of easy-to-read visual aids is available for patients with additional need • Patient information leaflets are currently only offered in English, apart from the PALS leaflet, that is available in multiple languages • Patients are encouraged to share their "This is Me" passport upon arrival to the department and there are copies of this document available in the department if the staff feel it is appropriate to commence		
	1C: When patients (service users) use the service, they are free from harm	**Infant feeding service** • All referrals were attended to promptly throughout the period, ensuring continuity and minimising any risk of care gaps. • There are no immediate harm concerns based on experience signals in this snapshot, as no negative comments have been reported. However, this dataset does not include formal clinical harm metrics such as readmissions or safety incidents. • Clinical and demographic information collected for every woman supported;	2-Achieving	Women's and Children's Division Dietetics Department Emergency Department

		learning reviewed via maternity governance (MCAP). • Mandatory training is monitored through the Directorate Governance. • All staff have DBS checks including pre-employment • Complaints/PALs and incident reporting is monitored through Division to identify themes and trends. **Home enteral Feeding (HEF) service** • Nutricia training provided to patients when they start tube feeding. This training is reinforced on each visit to a patient and an opportunity given to patients to evidence skills or ask any questions. • Results of audit show 100% patients know who to contact with any issues to prevent harm or admission to hospital. • We adhere to trust enteral feeding guidelines. • Mandatory training – organised bespoke dietetic manual handling training including skills needed for HEF patients. • Up to date with all mandatory training including adult and paediatric safeguarding, basic life support and Infection control. • All staff are DBS checked.		

		• Pre-employment checks including health, safety and wellbeing. • Freedom to Speak Up Guardian in the trust. • Lone working policy/buddy system in place for staff safety. • No serious incidents/complaints from staff recorded. **Mental health in ED** • All reasonable attempts to maintain safety are made with the current resources available. • An individual mental health risk assessment is completed when the patient arrives at the department, which helps to allocate the most suitable environment for the person to wait. This risk assessment also captures any identifiable features in case the patient absconds from the department whilst waiting. • Future workforce development plans include the recruitment of dual qualified registrants (currently x 1 dual RMN / RN in post) to aid the provision of high-quality mental health care whilst patients are waiting for speciality review • The department has one suitable room for mental health patients in distress.		

		This interview room meets all requirements (ligature free / dual access doors / nurse call system) however, multiple patients often must wait in temporary escalation spaces, including the main waiting areas due to wider challenges associated with crowding and exit block. • Approximately 95 patients per month are assessed by the ALPs (Acute Liaison Psychiatry) team. Patients who have been assessed as requiring a mental health act assessment, often experience lengthy delays. Being the patient group with the longest delays in the emergency department.		
	1D: Patients (service users) report positive experiences of the service	**Infant feeding service** • Positive experience indicators: 16 items of positive feedback and 2 Excellence Reports; 0 negative comments recorded during the period. • Community presence (at Baby Week Bradford; Antenatal groups in Keighley; careers evening) helps set expectations and improve experience through earlier contact and signposting. • Service designed to provide continuity of feeding support and advice, including drop-in clinics and follow-up for diverse groups of women.	2 - Achieving	Women's and Children's Division Dietetics Department Emergency Department

		• Governance review (MCAP) of service learning supports continuous improvement of patient experience; further funding would enable antenatal contacts and enhanced continuity. • CQC Picker Survey, FFT, 15 Steps, MNVP engagement and co-produced action plans. **Enteral feeding** • Positive feedback from patients. • 100% positive patient feedback from patient evaluations. • No serious incident/complaints recorded **Mental Health in ED** • Crisis team / ALPS Feedback: Most feedback received is informal and given directly to staff during contact, usually expressions of thanks or appreciation, occasionally criticism or frustration (though this is rare). Feedback is often very broad and challenging to act upon. • The service encourages patient feedback through the Friends and Family Test, which currently has a very low response rate. • CROM (Clinician Reported Outcome Measure): Plan to implement CROM from March 2026. • Listening to and Learning from Concerns and Complaints: the lessons		

		from incidents and complaints are discussed in team and reflective practice meetings. The service displays information about how to raise a concern in patient areas and staff are aware of the policy on complaints and how to handle them.		
Domain 1: Commissioned or provided services overall rating			2-Achieving	

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	• Access to occupational health services for management referrals and advice on support for colleagues • Sickness Absence Policy in place with supporting toolkits and training, reviewing during 2025 • Comprehensive health and wellbeing offer for all aspects of physical and mental health conditions • Employee Assistance programme in place, Vivup • Rapid access to MSK physiotherapy services • NHS England digital weight management programme promoted along with local free weight management and active lifestyle support groups • Access to West Yorkshire wellbeing hub for psychological intervention until March 2026 • Impact measures in place for wellbeing offer to inform ongoing development • Reasonable adjustments toolkit in place • Local staff survey questions to assess the impact of wellbeing initiatives • Robust flu vaccination campaign offering access to all colleagues	2 – Achieving	People and Organisational Development

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	• Robust policy framework in place, including Grievance and Resolution Policy, Disciplinary Policy and Freedom to Speak Up Policy • Employee Relations KPIs measured annually to indicate themes and trends to inform appropriate interventions • Managing Violence, Aggression and Behaviour policy in place to describe steps to be taken following incidents • Incidents data reported on a monthly basis with escalations through the Safety and Security Group and Health and Safety Group • Anti-harassment and Anti-discrimination statement and approach in place • People Experience Champions in place to support and signpost colleagues who experience inappropriate behaviour • Four colleague inclusion networks in place for colleagues to access support • The Trust has signed the NHS sexual safety charter and is implementing the national framework actions, launching a Sexual Misconduct Policy in September 2025 • The Trust has appointed a Deputy FTSU Guardian to support existing arrangements for speaking up	2 – Achieving	People and Organisational Development

		• HIDVA and Safeguarding colleagues available for staff support as well as patient support • Health MOT programme offered during 2025		

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	• Stress risk assessments available on an individual or team level • Wellbeing conversation framework in place • Vivup Employee Assistance Programme in place, accessed by approximately 20 colleagues per month • Freedom to Speak Up Guardian available for colleagues to seek support • Access to psychological support through West Yorkshire Wellbeing Hub until March 2026 • Policy framework in place to respond to formal complaints • Mediation service in place to support interpersonal relationships • EDI Charter to describe commitments to colleagues, including colleague experience • Civility identified as a key theme and action point from staff survey with associated action plan • Support for NHS England Sexual Safety Charter • Human Factors training, and CRiSSP and TrIM are also designed to support when a traumatic event has happened.	2 – Achieving	People and Organisational Development

	2D: Staff recommend the organisation as a place to work and receive treatment	• People Experience Group and Inclusion Group in place to champion engagement and to provide oversight to key retention and EDI activities. • A specific Improving People Experience Group has been established, focused on embedding the principle from the NHS People Promise, following the conclusion of the People Promise Manager role. • Staff survey results indicate a deterioration in the numbers of colleagues recommending the Trust as a place to work.	1 – Developing	People and Organisational Development
Domain 2: Workforce health and well-being overall rating			2 – Achieving	

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	• Inclusion Network established as sub group of People Committee with direct links to Trust Board • Executive and Non-Executive sponsors for inclusion networks • Leadership development programmes in place with key linkages to EDI matters • Board appraisal objectives linked to EDI through 'population' objectives • EDI charter to demonstrate organisational commitments • EQIA process in place to assess inequalities for policies and WRP schemes • Inclusive recruitment training • EDI mandatory training for all colleagues	2 – Achieving	People and Organisational Development

	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	• Inclusion risk included in the Board Assurance Framework, supported by recording of appropriate operational risk • Board and committee templates contains EQIA section to highlight impact, risk and mitigations	2 – Achieving	People and Organisational Development
	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	• Appraisal framework in place for all staff groups with supporting training that encourages objectives linked to EDI • Executive and Non-Executive appraisal framework in line with NHS England leadership competences • External reporting requirements are considered through People Committee, with an annual report to Trust Board e.g. WRES and WDES data • Inclusion Network workplan signed off by People Committee to ensure appropriate monitoring of performance • Highlight report from Inclusion Group to People Committee • People Committee AAA report to Trust Board	2 – Achieving	People and Organisational Development

Domain 3: Inclusive leadership overall rating	2 – Achieving	

Third-party involvement in Domain 3 rating and review	
Trade Union Rep(s): Staffside Lead	**Independent Evaluator(s)/Peer Reviewer(s):** Inclusion Network Chairs

EDS Organisation Rating (overall rating): 21 – Developing
Organisation name(s): Airedale NHS Foundation 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 Leads :	**Year(s) active**
Sajan Sathyan, Deputy Chief Nurse Katherine Duke, Deputy Director of People and Organisational Development	2026-2027
EDS Sponsor	**Authorisation date**
Lianne Robinson, Stanford, Chief Nurse Jo Harrison, Director of People and Organisational Development	25 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	To continue to embed the IFT pathway across the community and postnatal settings. Improve data – improve data input and collection relating to all protected characteristics. Ensure full compliance with audit standards through systematic implementation of REACT mental health assessments and comprehensive documentation of risk assessment plans. Promote a safe environment for adults experiencing mental health difficulties. Maintain up-to-date and effective mental health policies and procedures that reflect the latest NHS and RCPCH guidelines, ensuring best practice across the service Enhance collaborative care by establishing robust joint protocols with CAMHS and ALPS teams, facilitating seamless transitions	To continue to undertake quarterly reviews of pathway to continually learn and improve accessibility to the service. Review data that is currently collected, where there are gaps and what can be developed on system 1/EPR. Conduct regular audits of REACT mental health assessments and risk assessment plan documentation to ensure ongoing compliance. Schedule periodic reviews of mental health policies and procedures, updating them in line with the latest NHS and RCPCH standards. Include mental health safe space requirements in the design briefs for new Emergency Department and hospital projects, ensuring child-friendly environments are prioritised	March 2027

		and shared responsibility in patient management. Support the wellbeing of children and young people by designing and integrating a child-friendly, mental health safe space within the Emergency Department and future hospital developments		

	1B: Individual patients (service users) health needs are met	To ensure individualised plans of care are devised to ensure all health needs are met. Introduction of a Maternity Passport Co-production of resources – work with patients to develop resources to aid learning and support information provided to patients. Ensure clinical team oversight of medications to be administered. Enhance management of mental health crises in the ED Provide skilled, ongoing care during ED waits Improve ED mental health processes and ensure service quality and adherence to standards	To audit compliance to individualised care planning to meeting service user needs. To assist with personalised care plans; improve communication and patient experience. Work with patients, especially those with protected characteristics and establish if resources can be created or developed to better meet patient needs. Highlight requirements and communicate clearly to relevant teams Deliver staff training on trauma-informed care and de-escalation techniques. Recruit dual qualified registered staff to the ED team Benchmark against RCEM Mental Health Tool and RCPCH audit tool kit	March 2027

	1C: When patients (service users) use the service, they are free from harm	To improve standardised language used by health professionals. To improve access to interpreting resources. Ensure consistent and accurate recording of any issues identified Ensure therapeutic 1:1 observation is provided by suitably qualified clinical staff, not security personnel Establish clear decision-making for 1:1 care requirements in the Emergency Department Enhance nursing expertise in assessing and managing mental health at initial patient assessment	1) To improve training and education across the workforce in relation to standardised language used. 2) To consider a digital resource for access to different languages, To record on Ulysses any issues identified and ensure AEFs are completed where needed. Reinforce and communicate this expectation to all relevant departments and staff members and regularly audit 1:1 observation assignments to confirm compliance with staffing requirements Assign responsibility for determining 1:1 care needs to the ED Matron during working hours and the CSM out of hours. Deliver targeted nursing education focusing on mental health assessment and management protocols and evaluate the effectiveness of educational sessions through feedback and monitoring patient outcomes	March 2027

	1D: Patients (service users) report positive experiences of the service	To continue with quarterly audit and service evaluation to ensure themes are identified and the service is responsive to improvements required. HEF Service – improve patient evaluation. Monitor and review Accident & Emergency (A&E) and Emergency Department (ED) activity data related to crisis attendance Track wider crisis pathway indicators to identify patterns, pressure points, and system-wide themes Identify and implement a more crisis appropriate Patient Reported Outcome Measure (PROM) suitable for high acuity and rapid assessment settings.	1) To continue with quarterly review of pathway. 2) To improve uptake and feedback of FFT, CQC survey and MNVP to drive co-produced actions in improving patient experience. HEF - implement regular patient evaluation which encourages responses from patients from the 9 protected characteristics. Continue monthly review of attendance reports, Trust BI dashboard referral and ethnicity data, and ALPs workbook for response times, outcomes, and attendance reasons, despite data entry limitations Collect monthly headline indicators from key crisis pathway partners as an informal proof of concept Explore options and introduce an effective PROM tailored to crisis contexts.	March 2027

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	Recognising the value of wellbeing conversation, further roll out and embed the use Support colleagues to proactively managed physical health .	Further promotion and training for wellbeing conversations and implement reporting mechanism through ESR Implement 'Heartmath' programme across the Trust	Ongoing December 2026
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Proactive response to incidents of violence and aggression towards staff Ensure a robust and effective policy framework	Review and relaunch the Trust Managing Violence, Aggression and behaviours policy. Review of people policies to integrate requirements for national sexual safety framework Implement actions contained within Microaggression action plan to respond to feedback from colleagues lived experience	September 2026 As per policy review timetable December 2026

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Embed an approach to 'Allyship' to promote a culture of advocacy where colleagues can support independent support.	Implement Active Bystander programme, including board development and leadership development. Review current line manager skills provision and extend scope of programme to cover all aspects of line management, including support to colleagues	June 2026 April 2026
	2D: Staff recommend the organisation as a place to work and receive treatment	Embed all elements of the People Promise to further the Trust's retention priorities	Continuation of 'Team Flex' programme, focused on line manager skills linked to support flexible working Deep dive into turnover for groups with higher levels of turnover to understand driver and implement proactive response, focus for 2026 is HCSW roles	Ongoing Ongoing

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Embed an approach to 'Allyship' to promote a culture of advocacy where colleagues can support independent support. Review and refresh the support for colleagues' inclusion networks	Implement Active Bystander programme, including board development and leadership development. Host an EDI workshop with network chairs, Exec and NED sponsors to relaunch support to networks, building in effectiveness measures	June 2026 Summer 2026
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Improve the depth and detail of EQIA assessments on board and committee papers	Work with Corporate Governance team to develop guidance for completion of EQIA on paper cover sheets	September 2026
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	Improved overall appraisal compliance, increasing a focus on EDI objectives.	Monthly monitoring of appraisal compliance at board level through Integrated Performance Report Consider digital transformation through MaST system to allow for quality monitoring of appraisal conversations	Ongoing July 2026

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