



**James Paget  
University Hospitals**  
NHS Foundation Trust

# NHS Equality Delivery System Report 2025 - 26

## James Paget University Hospitals

23 January 2026

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# Equality Delivery System for the NHS

## ***EDS Reporting***

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers.

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.

## James Paget University Hospital Equality Delivery System (EDS)

<b>Name of Organisation</b>	James Paget University Hospital (JPUH)	<b>Organisation Board Sponsor/Lead</b>	
		Chief Nurse (Domain 1)	
		Director of People and Culture (Domains 2 and 3)	
<b>Name of Integrated Care System</b>	Norfolk and Waveney		

<b>EDS Lead</b>	Head of Patient Experience, Risk & Governance (Domain 1) Equity Diversity and Inclusion Manager (Domains 2 and 3)	<b>At what level has this been completed?</b>	
			<b>*List organisations</b>
<b>EDS engagement date(s)</b>	<i>05/09/2025-23/01/2026</i>	<b>Individual organisation</b>	Domains 2 & 3 - JPUH
		<b>Partnership* (two or more organisations)</b>	N/A
		<b>Integrated Care System-wide*</b>	Domain 1 – Norfolk and Waveney ICS

<b>Date completed</b>	January 2026	<b>Month and year published</b>	
<b>Date authorised</b>		<b>Revision date</b>	January 2027

EDS Rating and Score Card

EDS Rating and Score Card	
<p><b>Undeveloped activity</b> – organisations score out of 0 for each outcome</p>	<p>Those who score <b>under 8</b>, adding all outcome scores in all domains, are rated <b>Undeveloped</b></p>
<p><b>Developing activity</b> – organisations score out of 1 for each outcome</p>	<p>Those who score <b>between 8 and 21</b>, adding all outcome scores in all domains, are rated <b>Developing</b></p>
<p><b>Achieving activity</b> – organisations score out of 2 for each outcome</p>	<p>Those who score <b>between 22 and 32</b>, adding all outcome scores in all domains, are rated <b>Achieving</b></p>
<p><b>Excelling activity</b> – organisations score out of 3 for each outcome</p>	<p>Those who score <b>33</b>, adding all outcome scores in all domains, are rated <b>Excelling</b></p>

## Domain 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating
<b>Domain 1: Commissioned or provided services</b>	1A: Patients (service users) have required levels of access to the service	<p><b><u>Translation Services</u></b>  <b>Good Practice</b></p> <ul style="list-style-type: none"> <li>Trust is signed up to INTRAN partnership who coordinate provision of translation services under a governing framework for patients accessing services at the Trust, who require communication support</li> <li>Trust Translation policy in place to provide staff with guidance on how to access interpreters/translation services for both planned and unplanned admissions</li> <li>INTRAN provide drop in training sessions to enhance staff awareness of services available and access to the same</li> <li>Bespoke training available for staff who wish to develop basic signing skills</li> <li>Accessible Information Standard policy in place to further support and direct staff in how to meet patients communication needs</li> </ul> <p><b><u>Challenges</u></b></p> <ul style="list-style-type: none"> <li>Identifying patients' needs at the start of their healthcare journey/access to services</li> <li>Staff access to training/staff awareness of processes for accessing translation services</li> </ul> <p><b><u>Children's and Young People's (CYP) Mental Health Services</u></b></p> <ul style="list-style-type: none"> <li>Mental health dashboard produced with informatics team to see how many patients under CYP Mental Health are presenting to ED and admitted to the Paediatric ward. This looks at clinical presentations, ages, times of admissions, gender, neurodiversity.</li> <li>During the last year we have seen four 404 ED attendances due to mental health presentations.</li> <li>168 were admitted to the ward for further assessment/treatment and 236 were discharged home.</li> <li>112 patients were repeated attendees. Individualised</li> </ul>	<b>2</b>

		<p>management/care plans have been put in place for repeat attendees to help inform staff of best plan/action depending on presenting circumstances to ensure patient wellbeing.</p> <p><b><u>Frailty Services</u></b></p> <ul style="list-style-type: none"> <li>• MDT admission booklet has section specific to identifying patient need, to enable need to be met</li> <li>• Rockwood frailty scale used during clerking</li> <li>• Dementia bundle – ‘forget me not’ symbol, ‘red jug’, ‘This is me’ booklet to support identified needs</li> <li>• Translation services policy in use</li> <li>• Safeguarding Team provide support and guidance for staff to care for patients with LD, dementia, reduced capacity etc.</li> <li>• Service has access to INTRAN for patients language and translation requirements</li> <li>• PALS team support with easy ready, larger font literature as applicable</li> </ul> <p><b><u>General</u></b></p> <ul style="list-style-type: none"> <li>• All policies have an EIA</li> <li>• Rainbow lanyards</li> <li>• LGBTQ+ group</li> <li>• Accessible toilets</li> <li>• Multi-faith chaplaincy support</li> <li>• Translation policy in place</li> <li>• Accessible Information Standard Policy</li> </ul>	
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	<p>1B: Individual patients (service users) health needs are met</p>	<p><b><u>Translation Services</u></b>  <b><u>Good Practice</u></b></p> <ul style="list-style-type: none"> <li>• Trust is signed up to INTRAN partnership who coordinate provision of translation services under a governing framework for patients accessing services at the Trust, who require communication support</li> <li>• Trust Translation policy in place to provide staff with guidance on how to access interpreters/translation services for both planned and unplanned admissions</li> <li>• INTRAN provide drop in training sessions to enhance staff awareness of services available and access to the same</li> <li>• Bespoke training available for staff who wish to develop basic signing skills</li> <li>• Accessible Information Standard policy in place to further support and direct staff in how to meet patients communication needs</li> <li>• Staff are able to support patients' translation requirements through the provision of interpreters face to face, via language line and video interpretation in line with Trust policy</li> <li>• Admission documentation asks whether patients have any communication needs to enable these to be documented, flagged, shared and met, as applicable</li> <li>• Leaflets and information provided to patients in alternative formats as required</li> </ul> <p><b><u>Challenges</u></b></p> <ul style="list-style-type: none"> <li>• Availability of interpreters; specifically BSL, less common languages</li> <li>• Staff familiarity/awareness of translation services processes and accessibility to these</li> <li>• Availability of face to face interpreters at short notice/ breaking bad news conversations</li> <li>• Staff training – translation services and accessible information training not currently mandated within the Trust</li> <li>• Expectation that family members can translate health information to a patient</li> <li>• Timeliness of document translation</li> </ul> <p><b><u>CYP Mental Health Services</u></b></p> <ul style="list-style-type: none"> <li>• Patients are seen in the ED department when first present.</li> </ul>	<p><b>2</b></p>
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		<ul style="list-style-type: none"> <li>• Mental capacity assessment and risk screening is completed to ensure patient safety.</li> <li>• Referral is made to the Crisis Assessment and Intensive support team (CAIST) for Mental health assessment and support plan (if in their working hours).</li> <li>• The Paediatric mental health service (PAMHS) will look after patients in our care until discharged home. Each person is allocated a nurse/practitioner whilst on the ward. Physical health observations are completed.</li> <li>• Individualised care plans are commenced/continued including meal plans, observation and investigations.</li> <li>• Mental health passports are utilised where there is a diagnosis of neurodiversity/Autism.</li> </ul> <p><b><u>Frailty Services</u></b></p> <ul style="list-style-type: none"> <li>• Individual needs identified and recorded as part of admission process/admission documentation</li> <li>• Reasonable adjustments made, as required to meet patients' needs</li> <li>• Alerts can be placed on eHR</li> <li>• Hearing loops available, pictorial menus, dietary choices to accommodate preferences based on choice, religion etc.</li> <li>• Forget me not signs to identify patients with dementia, Red Jug system, This is me booklet accompanies supports patient and identifies needs and wishes/preferences</li> </ul>	
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	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p><b><u>Translation Services</u></b></p> <p><b><u>Good Practice</u></b></p> <ul style="list-style-type: none"> <li>• Internal reporting systems for logging incidents related to not being able to meet a patient’s communication needs or where incorrect processes are followed</li> <li>• Clinical incidents are reviewed by a Multidisciplinary Team, with external expertise from other Trusts, within a set time period and learning and actions are identified and disseminated.</li> <li>• Wider learning from incidents and feedback shared in a ‘daily safety brief’ at clinical handovers.</li> <li>• Feedback provided to INTRAN when communication/interpretation services requests cannot be fulfilled</li> </ul> <p><b><u>Challenges</u></b></p> <ul style="list-style-type: none"> <li>• Formal complaints and PALS received related to patients translation/communication needs not being met</li> <li>• Emergency provision of interpretation services – patients understanding health related care provision and robustness of consent process within decision making processes</li> </ul> <p><b><u>CYP Mental Health Services</u></b></p> <ul style="list-style-type: none"> <li>• Patients are searched as part of SOP to ensure safety of self and others.</li> <li>• Patients are monitored on the ward to ensure patient safety and if someone is high risk will be 1:1 with member of staff.</li> <li>• Patients are assessed and treated using evidence-based practice where required.</li> <li>• PAMHS service will work alongside specialist teams to ensure patient safety and welfare. We have regular meetings with specialist community MH teams, including CAEDS, CATAT, CAMHS, Youth, and dragonfly unit.</li> <li>• If concerns of safety and welfare of CYP we link in with social care and make referrals to them.</li> </ul> <p><b><u>Frailty Services</u></b></p> <ul style="list-style-type: none"> <li>• Enhanced observations policy in place for frail, patients at risk of falls etc.</li> <li>• Staff trained in managing challenging behavior</li> </ul>	<p><b>2</b></p>
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		<ul style="list-style-type: none"> <li>• Older person medicine business and governance meeting – reflection of cases, feedback, learning and improvement actions agreed</li> <li>• Dementia and nutrition bundle currently being trialled to enhance patient safety</li> <li>• Distraction and de-escalation approaches used in frailty services</li> <li>• Reminiscence Interactive Therapy Activities (RITA) therapies used to develop more meaningful interactions with dementia patients. Activities include music, relaxation, games etc.</li> <li>• Theo Research project</li> </ul> <p><u>Challenges</u></p> <ul style="list-style-type: none"> <li>• Environmental – having suitable environment for patients to reduce noise/activity and to aid calm and wellbeing</li> </ul> <p><u>General</u></p> <ul style="list-style-type: none"> <li>• Adverse events policy</li> <li>• Translation services policy</li> <li>• Governance framework and reporting processes</li> <li>• ICS Clinical harm review policy</li> <li>• NHS Complaints Framework PALS and Complaints Processes</li> <li>• Trust complaints policy</li> <li>• Duty of Candour</li> <li>• Enhanced observations policy</li> </ul>	
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	<p>1D: Patients (service users) report positive experiences of the service</p>	<p><b><u>Translation services</u></b></p> <ul style="list-style-type: none"> <li>• Overall, feedback suggests language/communication needs are met via INTRAN and additional communication aids in the main</li> <li>• Exceptions - unplanned visit- occasions when patient language needs have not been met, as interpreter cannot be sourced; face to face BSL; less common languages</li> </ul> <p><b><u>CYP Mental Health</u></b></p> <ul style="list-style-type: none"> <li>• We have recently developed an experience of service questionnaire to get feedback from patients/parent/carer on their care and treatment. To give the PAMHS team some insight. This will be reviewed to determine how we can improve our service for patients and to see what is working well.</li> <li>• Overall patients are feeling listened to and feel comfortable on the ward and happy with care received. Some report the outcome from the assessment and plan was not what they expected. I am looking at altering the questions slightly to try and gain more feedback on how we can improve service, to enable quality improvements where needed.</li> <li>• A 24/7 assessment service for under 15 years old at the JPUH would enable patients to be seen quicker and discharged home. We rely on CAIST to assess and out of their working hours CYP may be admitted to the ward unnecessarily. 61% CYP present out of CAIST working hours. 62% of attendances are 15 years old and under.</li> </ul> <p><b><u>Frailty Services</u></b></p> <ul style="list-style-type: none"> <li>• Overall experiences of care are positive</li> </ul>	<p><b>2</b></p>
<p><b>Domain 1: Commissioned or provided services overall rating</b></p>			<p><b>8</b></p>



# Domain 2: Workforce health and wellbeing

Domain	Outcome	Evidence	Rating
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<p style="text-align: center;"><b>Domain 2: Workforce health and well-being</b></p>	<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<p><b>Wellbeing Support</b></p> <ul style="list-style-type: none"> <li>• Adoption of Wellbeing Plan aligned with our People Plan</li> <li>• Employee Assistance Programme, Occupational Health and wellbeing offer</li> <li>• Wellbeing section included in annual appraisal</li> <li>• Extensive information and signposting available via the wellbeing pages of the intranet</li> <li>• Adjustment Passport to support staff with long-term health conditions with reasonable adjustments and wider support, including self-management.</li> <li>• Wellbeing information booklet and wellbeing folders on wards.</li> <li>• Fortnightly Wellbeing Newsletter with advice and support.</li> <li>• Wellbeing Champion, Chaplaincy, Professional Midwife Advocate and Professional Nurse Advocate support.</li> <li>• Annual sickness absence deep dive report to the People and Culture Steering Group includes analysis by protected characteristic.</li> <li>• Neurodiversity training and support has increased, improving understanding and staff relations in this area, with 100% training attendance from some teams.</li> <li>• Cancer and neurodivergent support groups for staff.</li> <li>• Educational campaign on the importance of good breaks for your wellbeing and guidance on how to make the most of them</li> <li>• 2024 staff survey showed staff reporting adequate adjustments as 2.1% above the national acute average (2025 results currently unavailable).</li> </ul> <p><b>Obesity / Diabetes</b></p> <ul style="list-style-type: none"> <li>• Daily low-cost healthy canteen menu option and wider healthy choice options.</li> <li>• Low-cost physical health classes and other activities e.g. circuit training class and local physical health activities promoted.</li> <li>• Free onsite health checks offered to staff over 40 include diabetes.</li> <li>• Partnership with Sustrans, sustainable transport charity to</li> </ul>	<p style="text-align: center;"><b>1</b></p>
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		<p>support staff to walk and cycle to work</p> <ul style="list-style-type: none"> <li>• Adjustment passports enable recording of agreed adjustments for management of diabetes, such as timely breaks.</li> </ul> <p><b>Asthma / COPD</b></p> <ul style="list-style-type: none"> <li>• Trust is a smoke free site.</li> <li>• Free smoking cessation support.</li> <li>• Physical health activities (as above).</li> </ul> <p><b>Mental Health</b></p> <ul style="list-style-type: none"> <li>• Wellbeing Champions support available throughout the Trust</li> <li>• Counselling and in the moment support available via Employee Assistance Programme</li> <li>• Trauma Risk Management (TRiM) available, offering support to staff who have experience of or witnessed potentially traumatic incidents.</li> <li>• Enhanced psychological support service providing trauma and complex mental health assessment and treatment.</li> <li>• Guidance flowcharts on mental health support and what to do if someone is in mental health crisis.</li> <li>• Mental-health related workshops such as managing bereavement and moral injury.</li> <li>• Manager's toolkit available to inform managers as to how they can best support the mental health of their staff.</li> </ul> <p><b>General</b></p> <ul style="list-style-type: none"> <li>• Health Inequalities Strategy embedded.</li> <li>• Transformation and Organisational Development staff working with VCSEs and NHS Talking Therapies to link staff with services.</li> <li>• Flexible Working Policy. We perform better than the acute sector average for staff being able to work flexibly. Scores improved across all three indicators in the previous survey year (left-hand column is the score out of 10 for 2024 and the right-hand is the difference to sector average):</li> </ul> <table border="1" data-bbox="913 1385 1758 1460"> <tr> <td>Flexible working</td> <td>6.41</td> <td>+0.24</td> </tr> <tr> <td>Support for work-life balance</td> <td>6.31</td> <td>+0.01</td> </tr> </table>	Flexible working	6.41	+0.24	Support for work-life balance	6.31	+0.01	
Flexible working	6.41	+0.24							
Support for work-life balance	6.31	+0.01							

		<ul style="list-style-type: none"> <li data-bbox="853 156 875 177">•</li> </ul>	We work flexibly	6.36	+0.12
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	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<ul style="list-style-type: none"> <li>• One of the four key elements of Paget’s People, our People Plan, is to promote an inclusive, fair and safe workplace. Our Plan commits to taking firm action to address harassment, bullying and violence or aggression towards staff.</li> <li>• Trust has a policy that bullying and harassment are unacceptable and will not be tolerated. Bullying is defined by impact rather than intent, emphasising the detrimental effect on wellbeing.</li> <li>• Just and Learning Workplace Policy ensures compassionate and person-centred focus on managing issues of concern.</li> <li>• Trust carries out regular awareness campaigns that are both staff and public facing to make it clear that violence, aggression and abuse are unacceptable and to encourage reporting. #ChooseRespect campaign is regularly relaunched, with a focus on preventing abuse against staff with protected characteristics.</li> <li>• Violence and Aggression Panel incidents are reviewed.</li> <li>• Dashboard of incidents created and available to relevant staff allowing use of most accurate and up-to-date information.</li> <li>• Staff have multiple internal reporting routes including through their manager, an on-line incident reporting system, Human Resources, staff networks, independent Guardian Service, and an anonymous microaggression portal.</li> <li>• Action taken where staff raise concerns including appropriate interventions with reported perpetrators, in line with our just and learning approach.</li> <li>• Security, Safeguarding and Organisational Development &amp; Wellbeing work with the local Police to report and try to prevent crimes, hate crimes and incidents.</li> <li>• Trust Values include the value of Respect – “We are anti-discriminatory, treating people fairly and creating a sense of belonging and pride”.</li> <li>• Trust has Behaviours Framework and Kindness and Respect toolkit. Human Resources staff provide regular civility and respect training.</li> <li>• The Trust is implementing findings from an independent review into conflict management leadership and training arrangements and effectiveness.</li> <li>• Wide range of support available and provided to staff who have</li> </ul>	<p><b>2</b></p>
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		<p>been affected by any level kind of abuse.</p> <ul style="list-style-type: none"><li>• Whilst we have a clear strategy, policies, processes and leadership commitment to ensuring a culture free from harassment, bullying, aggression or violence, staff report higher than acute sector average experience of violence from patients, relatives or the public (5.2% higher than national average as per 2024 Staff Survey) and higher levels of harassment, bullying or abuse from colleagues and managers. Experience is significantly worse for ethnic minority colleagues.</li><li>• Regular diversity awareness communications and events to create a greater sense of staff community.</li><li>• Sexual Safety and NETS action plans monitored by People and Culture Management Group.</li><li>• Violence and Aggression Programme Board established with clear action plan.</li></ul>	
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	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<ul style="list-style-type: none"> <li>• Range of support and advice routes available including through manager, Human Resources, trade unions, Wellbeing Champions, Professional Nurse Advocates, Professional Midwife Advocates, staff networks, Equity Diversity and Inclusion Manager, Freedom to Speak Up service, Chaplaincy and TRiM Practitioners.</li> <li>• Staff led networks for ethnically diverse, LGBTQ+, disabilities/ long term health conditions, and women’s health meeting monthly or bimonthly. These each have Director sponsorship. They are well respected within the Trust for their knowledge and insight and are actively involved in the development and impact monitoring of Inclusion plans.</li> <li>• Union representatives are supported and engaged by the Trust. Fortnightly meetings held between staffside leads and Trust Directors.</li> <li>• Range of wellbeing support available. Staff also have access to local, regional and national wellbeing support offers.</li> <li>• Counselling available through Employee Assistance Programme. Staff also have access to enhanced psychological support where high intensity support is required.</li> <li>• Equality impact assessments are undertaken for new/updated policies.</li> <li>• Network leads have access to funding to support network activities.</li> <li>• Our Freedom to Speak Up provision embedded via external service with dedicated Freedom to Speak Up Guardian regularly visiting staff areas. New e-learning training modules have also been introduced to ensure all staff aware of and confident using this service.</li> </ul>	<p><b>2</b></p>
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	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<ul style="list-style-type: none"> <li>• Staff recommending the Trust as a place to work (61.3% recommend as a place to work, in line with national average)</li> <li>• Staff Experience now well established within committee structure with input from all staff areas.</li> <li>• Significantly better than regional or national average for staff turnover.</li> <li>• The Trust offers stay conversations in order to try and retain staff.</li> <li>• Exit questionnaires and interviews are offered, with learning reviewed.</li> <li>• Nursing staffing levels are regularly reviewed in line with national guidance.</li> <li>• A range of sickness data is reported to the People and Culture Committee and to Board.</li> <li>• Annual sickness absence deep dives are undertaken which include analysis by protected characteristic.</li> <li>• Regular Your Voice forums for staff groups.</li> </ul>	<p><b>1</b></p>
<p><b>Domain 2: Workforce health and well-being overall rating</b></p>			<p><b>6</b></p>

# Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating
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<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Domain 3: Inclusive leadership</b></p>	<p>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</p>	<ul style="list-style-type: none"> <li>• Strong Board level commitment to equality and health inequalities. Reducing health inequalities, ensuring equitable access for all is a key element of Building a Healthier Future Together, our Trust Strategy. One of the four key elements of our People Plan is to promote an inclusive, fair and safe workplace. It commits to ensuring equity, diversity and inclusion is a thread through all we do. Our wellbeing priority also includes refocusing our wellbeing support activities to improve health inequalities and the Trust has a health inequalities strategy.</li> <li>• Directors have EDI objectives.</li> <li>• The NHS Six High Impact Actions are regularly monitored through Director led committees.</li> <li>• Reports on health inequalities work are reported to the Board.</li> <li>• People and Culture Committees and Hospital Management Group receive reports on the Equality Delivery System, Workforce Race Equality Standard, Workforce Disability Equality Standard, pay gaps and other inclusion themes.</li> <li>• Improving the experience of all staff including those with specific protected characteristics is an organisational strategic aim supported by a comprehensive inclusion action plan monitored by committees.</li> <li>• Multiple Directors and senior managers have participated in reciprocal mentoring in order to gain insight into the challenges faced by staff with protected characteristics.</li> <li>• Each Staff Network has a Director sponsor who champions their work.</li> <li>• System leaders lead and support various programmes to address inequalities and champion underrepresented or marginalised groups, for example, regarding violence and aggression and nursing promotion.</li> <li>• Diversity work regularly included in staff and Board updates</li> </ul>	<p style="text-align: center;"><b>2</b></p>
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		<ul style="list-style-type: none"><li>• The Trust is an Anchor Institution.</li><li>• System Leaders identify and monitor effective actions to improve equity, diversity and inclusion.</li><li>• Mandatory EDI training for all staff, including system leaders, with good compliance (97%).</li><li>• Increasing diversity is a focus on all recruitment.</li><li>• Inclusion related issues are discussed at various committee levels up to any including Hospital Management Group.</li><li>• Health inequalities are reviewed. Internal and ICS work being undertaken.</li><li>• System Leaders and senior staff engage in and initiate diversity and inclusion events including for PRIDE, and Internationally Educated Staff.</li><li>• Equality Impact Assessment training included in Manager's Induction and project equality impact assessments reviewed by project panel.</li></ul>	
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	<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"> <li>• Committee templates include prompts for equality impact assessments and are reviewed by members.</li> <li>• Equality related issues recorded on Risk Register, reviewed by Committees / Executive. Entries include mitigation and actions.</li> <li>• Dedicated diversity and inclusion reporting to multiple committees, as evidenced by the agendas / minutes. Diversity and inclusion is a standing item for committee meetings, with Chair's reports to Hospital Management Group. Trust leads have received reports on the Equality Delivery System, Workforce Race Equality Standard and Workforce Disability Equality Standard, pay gaps and modern slavery within the last year. Equality issues referenced in multiple reports across different areas.</li> <li>• The Hospital Management Group receive reports on health inequalities and monitor impact.</li> <li>• Equality Impact Assessments are used for policy and project reviews.</li> <li>• Workforce Race Equality Standard/Workforce Disability Equality Standard/Gender Pay Gap/Ethnicity Pay Gap and other data has been used to develop action plans with monitoring via committees.</li> <li>• Inclusion is an integral part of plans for the new hospital build.</li> </ul>	<p><b>1</b></p>
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	<p>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</p>	<ul style="list-style-type: none"> <li>• Key assessments include action plans endorsed by relevant Committees.</li> <li>• Monitoring of workforce related plans via People and Culture Committees for staff, and Patient Safety and Quality Committee for service related elements.</li> <li>• Staff survey results are analysed and acted upon.</li> <li>• Detailed reports (Equality Delivery System, Workforce Race Equality Standard, Workforce Disability Equality Standard, gender pay gap) considered by Committees/Board and evidence year on year improvement.</li> <li>• Reports in the last year have highlighted progress in areas such as career development and diversity of workforce, and have identified areas requiring focus for improvement.</li> <li>• Exit questionnaires/interviews are offered and any concerns regarding bullying, harassment or discrimination are followed up.</li> <li>• There is further work to be undertaken to ensure senior leaders (bands 8c and above) are representative of our local population.</li> </ul>	<p><b>1</b></p>
<p><b>Domain 3: Inclusive leadership overall rating</b></p>			<p><b>4</b></p>

EDS Organisation Rating (overall rating): **Developing (score = 18)**

Organisation name(s): James Paget University 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

EDS Lead	Year(s) active
Head of Patient Experience and Engagement (Domain 1); EDI Manager (Domains 2 and 3)	2025-26
EDS Sponsor	Authorisation date
Director of Nursing & Patient Safety (Domain1); Director of People and Culture (Domains 2 and 3)	









