Royal Cornwall Hospitals NHS Trust

**Meeting:** Trust Board In Public

**Date of Meeting**: 08 January 2026

**Item Number:** 12.1

## Title of Report: Equality Delivery Standard (EDS) 2026 Report

**Executive Director Lead:** Alison Thorne- Henderson, Dual People Officer

**Author and Job Title:** Rachel Cowley, Associate Director of EDI, and OD

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## Purpose of the Report:

**Decision** ☒ **Discussion** ☒ **Assurance** ☒ **Information** ☐

The report includes the reporting criteria from NHS England for Equality Delivery Standard (EDS).

## Consultation:

The Equality Delivery System (EDS) Domain 1 has been through the Patient Experience team's internal governance process and has been approved by the Patient Engagement Manager, The Patient Experience Manager and finally the Associate Director of Quality Governance.

The report domains 2 and 3 were seen by the Executive Leadership Team (ELT) on 10 December 2025, with a request for this to return once Domain 1 was included. This returned to ELT on 7 January 2026.

Strategic People and Culture Committee reviewed the full report on 17 December 2025, requesting an easier to read version to be included for publication. Approving this to be returned to ELT on 7 January 2026 and progress onto Trust Board in January 2026.

Other consultations include staff consultation on domain 2 through a survey, and peer review by another Trust, Freedom to Speak Up Guardian and the Joint Consultation Negotiation Committee (JCNC). These consultations are either requirements as outlined by the EDS national guidance or decisions taken by the Trust to work in partnership and for best practice.

## Key Risks (please tick one or more):

**Clinical** ☒ **Financial** ☐ **People** ☒

**Reputational** ☒ **Legal / Regulatory** ☒

## Impact:

| Assessment | Yes | No | N/A | Summarise any adverse impacts identified |
|---|---|---|---|---|
| **Equality Impact Assessment completed?** | | | x | |
| **Quality Impact Assessment completed?** | | | x | |
| **Data Protection Impact Assessment completed?** | | | x | |

## Health Inequalities, Health Outcomes and Sustainability ('triple aim') – or reports requesting decisions only.

As an NHS Provider, under the Health and Care Act 2022, the Trust has a duty to ensure that it considers the effects of its **decisions** on the health and wellbeing of the population, quality of care and sustainable use of NHS resources. If your report is proposing a policy, strategy, business case, or other matter for decision, please complete the boxes below to set out considerations in regards one or more of those three areas (known as the 'triple aim').

| Considerations | Summary of considerations (if one or more does not apply state 'not applicable') |
|---|---|
| **Health and wellbeing of the population, including inequalities and wellbeing** | The implementation of the actions outlined within this report will support the organisation in improving patient care, as well as staff experience |
| **Quality of services provided or arranged by RCHT, including inequalities in benefits from those services** | |
| **Sustainable and efficient use of NHS resources by RCHT** | |

## Recommendation(s):

### **The** Board **is recommended to:**

- **Approve** the Equality Delivery System Report 2025/25 for publication to meet the mandated publication deadline of February 2026.

# Equality Delivery System Report 2024/2025

## 1. Executive Summary

The Equality Delivery System (EDS) is an improvement tool for patients, staff, and leaders of the NHS. Implementation of EDS is a requirement of both NHS commissioning bodies and NHS Provider organisations and is included as a requirement in the NHS Standard Contract. NHS organisations are required to produce and publish a summary of their findings and implementation and are recommended to use the EDS 2022 reporting template to achieve this.

Domain 1 has been through the Patient Experience team's internal governance process and has been approved by the Patient Engagement Manager, The Patient Experience Manager and finally the Associate Director of Quality Governance. Executive Leadership Team approved Domains 2 and 3 for progression through internal Governance, requesting for the full report to return once approved by Strategic People and Culture Committee. Strategic People and Culture Committee reviewed the full report on 17 December 2025, requesting an easier to read version to be included for publication. Approving the full report to return to Executive Leadership Team on 7 January 2026 and progress onto Trust Board in January 2026.

Consultations include staff consultation on domain 2 through a survey and peer review by another Trust. These consultations are requirements as outlined by the EDS national guidance.

We are unable to compare the scoring for Domain 1 from previous year as there are different services being reviewed each year as outlined within the EDS guidance.

Overall scores for 2025 reporting period are:

Domain 1 = 8 out of a possible 12 for the Pain Clinic, Domain 1 services differ each year and therefore cannot be compared directly with that in the 2024 report.

Domain 2 = 8 out of a possible 12, this is the same as the 2024 report.

Domain 3 = 7 out of a possible 9, this is decrease of 1 from 2024 report. This reduction is due to the inclusive, compassionate leadership programme, LEAD programme and other EDI training ceasing in 2025.

This is an overall score of 23, a reduction in scoring from 2024 report by 1 point. As a Trust this results in us retaining the rating of 'Achieving'.

## 2. Background

The EDS has had several revisions since its inception in November 2011. This was reviewed in 2012 for the 'Evaluation of the Equality Delivery System for the NHS' report by Shared Intelligence, which evaluated the system and recommended a refreshed approach known as 'EDS2', available from November 2013. This was then subsequently reviewed in 2021, taking into account new system architecture, and the impact of the COVID-19 pandemic. The most recent version, "EDS2022", introduces the requirement to review three services in Domain 1, with the middle-scoring service being the focus of the report and scoring for the organisation. All three services are supported to develop and implement an action plan in response to the findings.

## 3. Assessment

Domain 1 focuses on commissioned or provided services and will be completed by the Patient Experience team. This is currently progressing through Patient Experience Team internal governance routes, for comment and discussion, before being included in this report.

The two workforce Domains (2 and 3) are detailed below for discussion and comment as the first step in the governance route for approval.

The scoring for each domain has been completed internally by our Patient Experience team for Domain 1 and our People and OD EDI Lead for Domains 2 and 3. There is a peer review which was completed by a neighbouring Trust outside of our ICS. EDS also requires workforce engagement for Domains 2 and 3 and therefore a survey has been completed with staff and Employee Network Groups.

Following the Strategic People and Culture Committee Appendix A was added, which includes an easy read summary version of the report. In line with NHS England guidance for publication the full EDS report with detailed evidence can be seen in appendix B. It is proposed that both versions are published on the Trust website.

The “EDS2022”, introduces the requirement to review three services in Domain 1, with the middle-scoring service being the focus of the report and scoring for the organisation.

Three services were chosen for the 2025 period to reflect the range of services provided by Royal Cornwall Hospital NHS Trust. The process of selection was guided by a preliminary assessment of complaints data, patient feedback and recorded incidents to identify a service that appears to be performing well in relation to EDI, one that might require improvement and one that we are curious to find out more about. Based on preliminary data collection the services chosen were Endoscopy, Pain Clinic and Emergency Department.

To explore Domain 1, a range of sources of data was reviewed, including complaints, patient safety incidents, Friends and Family test data and local Trust policies. Conversations were undertaken with the service leads of each area to understand any current or recent work which may impact how they score in each rated area.

The overall scores were recorded as:

- **Endoscopy**:11/12 excelling.
- **Pain Clinic**: 8/12 achieving.
- **Emergency Department:** 7/12 developing.

As the middle scoring service, the detail around Pain Clinic (8/12 achieving) is included in final scoring for Domain 1 and the EDS report for 2025, as per the NHS England guidance. For transparency, and best practice, the Trust has decided to include all three services scores in the full EDS report and to also include action plans for all three services.

Domain 2 looks at the health and wellbeing of our workforce; this is critical in enabling us to provide high quality patient care. Our staff are also our patients, who will all have a range of specific health needs and requirements. In exploring Domain 2, we have looked at how well staff are supported when reporting cases of bullying and harassment; how their health and wellbeing needs are met whilst at work and how they feel about their place of work.

Overall, the Trust scored 8 out of a possible 12 points for Domain 2, this remains stable from the 2024 report which also scored 8.

Domain 3 explores three aspects of leadership: Senior Leaders' understanding of equality and health inequalities; Board and Committee papers' ability to identify and mitigate equality and health inequality issues; and the levers in place for senior leaders to manage performance and monitor progress with staff and patients.

Overall, the Trust scored 7 out of a possible 9 points for Leadership, a reduction in scoring of 1 from last year (2024 = 8). This reduction is due to the inclusive, compassionate leadership programme, LEAD programme and other EDI training ceasing in 2025.

Overall scores for 2025 reporting period are:

Domain 1 = 8 out of a possible 12 for the Pain Clinic, Domain 1 services differ each year and therefore cannot be compared directly with that in the 2024 report.

Domain 2 = 8 out of a possible 12, this is the same as the 2024 report.

Domain 3 = 7 out of a possible 9, this is decrease of 1 from 2024 report.

This is an overall score of 23, a reduction in scoring from 2024 by 1 point. As a Trust this results in us retaining the rating of 'Achieving'.

## 4. Risk

The report format is very detailed and is completed in a template set out by NHS England.

There are clear actions for domains 2 and 3 which require support and advice to Care Groups from the People and OD teams. This will require careful planning throughout the year against resource and capacity for these to be included in Care Group performance plans.

## 5. Accountability

For this report to be published in line with NHS England mandated deadline of February 2026, the accountable officer is Alison Thorne-Henderson as Dual Chief People Officer, Paul Hargreaves, Deputy Director of POD, supported by accountable officer in the Associate Director of EDI and OD.

## 6. Recommendations

### **The** Board **is recommended to:**

- **Approve** the Equality Delivery System Report 2025/25 for publication to meet the mandated publication deadline of February 2026.

**Appendix A**

# Royal Cornwall Hospitals Trust Equality Delivery System

# Easy Read Summary of Report

## Scoring

Each outcome is to be scored based on the evidence provided. Once each outcome has a score, they are added together to gain domain ratings. Domain scores are then added together to provide the overall score, or the EDS Organisation Rating.

Ratings in accordance with scores are below the scoring system allows organisations to identify gaps and areas requiring action.

| | |
|---|---|
| **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** |

## Services Selected for Domain 1

To explore Domain 1, a range of sources of data was reviewed, including complaints, patient safety incidents, Friends and Family test data and local Trust policies. Conversations were undertaken with the service leads of each area to understand any current or recent work which may impact how they score in each rated area.

The overall scores were recorded as:

- **Endoscopy**:11/12 excelling
- **Pain Clinic**: 8/12 achieving.
- **Emergency Department:** 7/12 developing.

As the middle scoring service, the detail around Pain Clinic (8/12 achieving) is included in final scoring for Domain 1 and the EDS report for 2025, as per the NHS England guidance.

## Overall scores for 2025 reporting period

Domain 1 = 8 out of a possible 12 for the Pain Clinic, Domain 1 services differ each year and therefore cannot be compared directly with that in the 2024 report
Domain 2 = 8 out of a possible 12, this is the same as the 2024 report
Domain 3 = 7 out of a possible 9, this is decrease of 1 from 2024 report

This is an overall score of **23**, a reduction in scoring from 2024 report by 1 point. As a Trust this results in us retaining the rating of ‘Achieving’.

Individual scores, domain ratings and assessor recommended EDS 2022 actions, follow in this report and there is a more detailed report which can be accessed on our Trust website.

## Equality Delivery System (EDS) – Summary Results for each Domain

Our 2025 report was assessed by internal and external stakeholders, as per the NHS England guidance for EDS scoring.

## Domain 1: Commissioned or provided services.

### Pain Clinic

Overall scoring of 8 out of a possible 12

| Outcome | Underdeveloped | Developing | Achieving | Excelling |
|---|---|---|---|---|
| 1A. Patients (service users have required levels of access to the service | | | ✓ | |
| 1B. Individual patients (service users) health needs are met | | | ✓ | |
| 1C. When patients (service users) use the service, they are free from harm | | | ✓ | |
| 1D. Patients (service users) report positive experiences of the service | | | ✓ | |

### Domain 1: Pain Clinic Actions

- Identify and address barriers to accessing the service.
- Meet needs of those at increased risk of health inequalities due to a protected characteristic.
- Ensure procedures are in place to enhance safety for patients in all protected characteristic groups where there is known Health and Safety risks.
- Actively engage with patients with protected characteristics and other groups at risk of health inequalities about their experience of the service.

**Domain 2: Workforce Health and Wellbeing**

Overall scoring of 8 out of a possible 12

| Outcome | Underdeveloped | Developing | Achieving | Excelling |
|---|---|---|---|---|
| 2A. When at work staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions | | | | ✓ |
| 2B. When at work, staff are free from abuse, harassment, bullying and physical violence from any source | | | ✓ | |
| 2C. Staff have access to independent support and advice when suffering from stress, abuse, bullying, harassment and physical violence from any source | | | ✓ | |
| 2D. Staff recommend the organisation as a place to work and receive treatment | | ✓ | | |

**Domain 2: Workforce Health and Wellbeing Actions**

Action planning for Domain 2 needs to be carefully agreed through Workforce Business Partners and their Care Group leadership teams. This action planning can only take place once the organisational change process has been completed and new teams/roles are implemented.

**Domain 3: Inclusive Leadership**

Overall scoring of 7 out of a possible 9

| Outcome | Underdeveloped | Developing | Achieving | Excelling |
|---|---|---|---|---|
| 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 | | | ✓ | |
| 3B. Board / Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated | | | | ✓ |
| 3C. Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients | | | ✓ | |

**Domain 3: Inclusive Leadership Actions**

Action planning for Domain 3 needs to be carefully agreed through Workforce Business Partners and their Care Group leadership teams. This action planning can only take place once the organisational change process has been completed and new teams/roles are implemented.

**Appendix B**

# Royal Cornwall Hospitals Trust Equality Delivery System

Reporting Period 2025
Published on Trust Website *proposed* February 2026

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# Background

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. The process enables organisations to gather better evidence and insights in relation to the experience of people who identify with protected characteristics as set out in the Equality Act 2010 and inclusion health groups identified by NHS England and supports organisations to meet:

- The public sector Equality Duty of the Equality Act 2010.
- Deliver on the NHS Outcomes Framework and the NHS Constitution.
- The Care Quality Commission's "Essential Standards of Quality and Safety".

The EDS has had several revisions since its inception in November 2011. This was reviewed in 2021 for the 'Evaluation of the Equality Delivery System for the NHS' report by Shared Intelligence, which evaluated the system and recommended a refreshed approach known as 'EDS2', available from November 2013. This was then subsequently reviewed in 2021, taking into account new system architecture, and the impact of the COVID-19 pandemic. The third and most recent version, "EDS2022", introduces the requirement to review three services in Domain 1, with the middle-scoring service being the focus of the report and scoring for the organisation. All three services are supported to develop and implement an action plan in response to the findings. The report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Upon completion of the report, NHS organisations are required to make a full, accessible copy of the report available on the public domain of their website, with a copy submitted to NHS England.

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.

EDS involves active conversations with patients, service users, members of the public, colleagues, community groups, staff networks, and trade unions.

The assessment has been undertaken with support of our Staff Network Chairs, and our Patient Experience team. A peer review was undertaken in partnership with University Hospitals Plymouth NHS Trust. This report will also be shared with the Freedom to Speak Up Guardian and JCNC members for comment prior to the final version being shared with Trust Board.

A review of the process will be undertaken to consider what went well and what improvements need to be made.

## 1. NHS Equality Delivery System (EDS)

| | | | | | |
|---|---|---|---|---|---|
| **Name of Organisation** | | Royal Cornwall Hospitals NHS Trust | **Organisation Board Sponsor/Lead** | | |
| | | | Dual Chief People Officer | | |
| **Name of Integrated Care System** | | Cornwall & Isles of Scilly Integrated Care System | | | |
| **EDS Led** | Rachel Cowley | | **At what level has this been completed?** | | |
| | | | | ***List organisations** | |
| **EDS engagement** | Domain 1 –Patient Experience Team internal governance process<br>Domains 2 and 3 –POD Directorate internal governance process<br>Employee Network Groups (Domain 2 consultations)<br>Executive Leadership Team (Domains 2 and 3 only)<br>Strategic PCC (Full Report)<br>Freedom To Speak Up Guardian | | **Individual organisation** | University Hospitals Plymouth NHS Trust – Peer Review | |
| | | | **Integrated Care System-wide*** | ICB – after TB. | |
| **Date completed** | | | **Month and year published** | February 2026 | |
| | | | | | |
| **Date authorised** | | | **Revision date** | | |

## 2. 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** |
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| **Excelling activity** – **organisations score out of 3** for each outcome | Those who score **33,** adding all outcome scores in all domains, are rated **Excelling** |

# 3. Domain 1: Commissioned or provided services

The table below outlines progress with the actions for the service areas identified and reported on in Domain 1 of the 2024 report.

| Completed actions from previous year | |
|---|---|
| **Action/activity** | **Related equality objectives** |
| **Chaplaincy**<br>*Review recruitment process to consider ways of attracting representatives from a more diverse range of faiths.*<br><br>*Implement a systematic process for formally gathering feedback from patients about the service.* | In September 2024 the service recruited a Humanist Chaplain which has expanded the support which the Chaplaincy team can give to patients, staff and visitors. It means we don't just do "religious" care but support people of all faiths and beliefs.<br>As recruitment opportunities emerge, the service will continue to ensure that applicants from various faiths and beliefs are encouraged, ensuring appointments are made not just on one's faith or beliefs but also experience and suitability<br>The service regularly reviews our Faith/Belief Contacts list to ensure it is up to date – this enables us to contact local faith/belief reps for when specific support is needed.<br>The service is in the process of compiling a feedback survey for users of the Chaplaincy service which will give us more formal feedback. |
| **Breast Screening**<br>*Analyse non-attender data by protected characteristics and health inequalities groups and create opportunities for engagement with relevant demographics to identify ways to better meet individual needs.*<br>*Provide evidence that staff and patients are encouraged and supported to report incidents and near misses.* | For LD patients the service has a trained radiographer within the department. The service sends specially adapted letters and information for each LD registered patient. The service also tries to offer out of hours screening when staff numbers are sufficient. Disabled patients are encouraged to attend the department for screening where the service can give them more time – the service generally books a double time slot for each patient, or more if required. It is |

| Completed actions from previous year | |
|---|---|
| **Action/activity** | **Related equality objectives** |
| | not possible at present to analyse specific data for Health Inequalities.<br><br>The service encourages staff to Datix and report any Health and Safety incidents / issues. The service carries out risk assessments on each screening van and each imaging room in the Mermaid Centre. |
| **Ophthalmology**<br><br>*Take action to optimise space in all waiting area to better accommodate Wheelchairs and other mobility aids.*<br><br>*Review all patient letters to ensure they are in clear print (font size 14) as standard and large print (font size 16) for those with visual impairment flag as recommended by RNIB and ensure they written in 'plain language' removing medical jargon and acronyms (e.g. PIFU).*<br><br>*Take action to reduce the risk of accidents in the waiting area considering the safety of vulnerable patients such as those with mobility issues and Frailty Ward as well the impact on patients with LD &A due to thoroughfare and ensure any incidents or near misses and reported.* | It has been confirmed that the space within the unit has been optimised to accommodate wheelchairs and other mobility aids, ensuring accessibility for patients with mobility challenges. Staff are aware of individual patient needs and allocate space on a case-by-case basis to support safe and comfortable access. Initial concerns have now reduced significantly following the relocation of the Frailty Ward from the Tremenal Unit, which has improved the overall flow and safety of the environment.<br><br>A review has been undertaken to ensure all patient letters meet the recommended accessibility and communication standards within the Ophthalmology service. Correspondence has been reviewed and confirms compliance with these standards.<br><br>Health & Safety Risk 8449 has been closed following a review, as no accidents have been reported in the last quarter. The risk remains subject to annual review and will |

| Completed actions from previous year | |
|---|---|
| **Action/activity** | **Related equality objectives** |
| | be reassessed immediately should any incident or near miss occur. Since the Frailty Ward was relocated from the Tremenal Unit, the risk of accidents in the waiting area has significantly reduced. This change has also positively impacted the environment for vulnerable patients, including those with mobility issues, frailty, and patients with learning disabilities and/or autism (LD&A), by reducing congestion and improving safety in the thoroughfare.<br><br>Ophthalmology Service remains committed to monitoring the area and ensuring that any incidents or near misses are promptly reported and reviewed. |

Three services were chosen for the 2025 period to reflect the range of services provided by Royal Cornwall Hospital NHS Trust. The process of selection was guided by a preliminary assessment of complaints data, patient feedback and recorded incidents to identify a service that appears to be performing well in relation to EDI, one that might require improvement and one that we are curious to find out more about. Based on preliminary data collection the services chosen were Endoscopy, Pain Clinic and Emergency Department.

Evidence for the full review was then gathered in a number of ways including a thorough analysis of the complaints and incidents data and feedback from friends and family tests and care opinion stories.

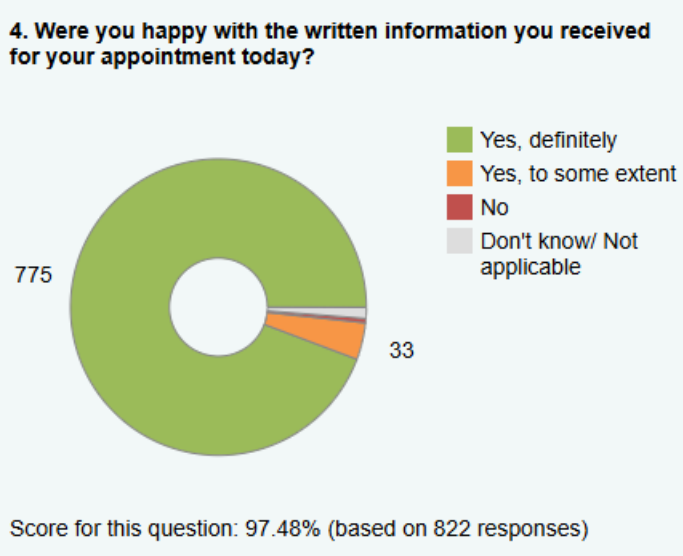
Walk throughs, and engagement communications were arranged with the various departments which were attended by Patient Leaders, Disability Cornwall, interested Accessibility advisory Group members, Royal National Institute of the Blind, Dyslexia Cornwall and Healthwatch Cornwall.

Conversations with relevant staff members from each service were conducted to gather relevant information. Conversations were also conducted with staff from a number of supporting services including the Learning Disabilities and Autism Team and the High Intensity Users team to gain further insight into the experiences of vulnerable groups using the services.

| Domain 1: Commissioned or provided services overall rating – 11 - Excelling activity | | | | |
|---|---|---|---|---|
| **Service 1: Endoscopy** | | | | |
| **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 | **How do you ensure that patients with higher risks due to protected characteristics and health inequalities have adequate access to the service?**<br>• Conducting online or telephone pre-assessments to identify individual needs early.<br>• Working collaboratively with specialist teams, including the Alcohol Liaison Team, Learning Disability Team, and Nutrition Team, to provide tailored support.<br>• Respecting patient identity, ensuring patients are treated in line with how they identify, including those who are transitioning.<br>• Providing interpreters and translation services for patients who are non-verbal or speak a second language.<br>• Maintaining physical accessibility, with facilities designed to accommodate wheelchair users.<br>• Holding procedure room briefs to discuss and plan for each patient's specific requirements before their appointment.<br>**Here is a recent example:**<br>A patient with a learning disability who preferred not to be around others was allocated a separate room and a dedicated key worker to ensure a positive experience. | 3 | Service Lead |

| | | | | |
|---|---|---|---|---|
| | | **How do you gather patient feedback on accessibility and how do you use that information to make improvements?**<br>• CHAMPS Walkthroughs: These include a full review of accessibility, with feedback captured and an action plan created based on recommendations.<br>• PLACE Lite Assessments: Provide structured feedback on the environment and accessibility, leading to targeted improvement actions.<br>• Friends and Family Test: Feedback is reviewed monthly, and action plans are developed and implemented to address identified issues.<br>• Feedback Wonder Wall: Allows patients to share real-time comments and suggestions, which are monitored and acted upon promptly.<br>• On the day: Should patients share suggestions or niggles on the day the service acknowledges their concerns and hopefully if feasible make these changes to improve the service.<br><br>**How do you ensure you are aware of the barriers faced by patients to accessing the service and what actions have been taken to overcome those barriers. Please refer to the Accessible Information Standard?**<br><br>• Pre-Assessment screening: Online or telephone pre-assessments identify communication, language, and accessibility needs early.<br>• Accessible Information Standard compliance: The service records and flag individual communication preferences (e.g., large print, easy-read, Braille, email, or verbal updates) and ensure these are shared with staff.<br>• Use of interpreters and translation services: For patients who are non-verbal or speak a second language, the service provides interpreters and translated materials. | | |

- Collaboration with specialist teams: The service works with the Learning Disability Team, Alcohol Liaison Team, and Nutrition Team to address specific barriers.
- Physical accessibility: Our facilities are wheelchair-friendly, and adjustments are made for mobility needs.
- Respecting identity: Patients are treated according to how they identify, including those who are transitioning.
- Procedure room briefings: Each patient's individual needs are discussed before their procedure to ensure appropriate adjustments.
- Feedback mechanisms: The service uses CHAMPS walkthroughs, PLACE Lite, Friends and Family Test, and a Feedback Wonder Wall to identify barriers and implement improvements.




**Feedback from Patient Leaders Accessibility visit held on 21NOV24.**

| | | | | |
|---|---|---|---|---|
| | | **Positive Observations**<br>• Towel dispensers at a reasonable height: Accessible and user-friendly placement.<br>• Good access into rooms: Effective use of space despite constraints.<br><br>**Suggested Improvements**<br>• Accessible toilets bin: Replace foot-pedal style bins with sensor-operated ones for ease of use.<br>• Seating options: Add chairs with armrests and raised height, plus bariatric seating to accommodate all patients.<br>• Privacy curtain: Ensure curtains are fitted in endoscopy suites where available, not just stored. | | |
| | 1B: Individual patients (service users) health needs are met | **How do you personalise care for patients who are at increased risk due to protected characteristics or health inequalities?**<br><br>• Planning prior to admission: If any specific needs are highlighted during Pre-Assessment, a nurse contacts the patient to discuss their admission and agree on adjustments.<br>• Making reasonable adjustments: This may include allocating a separate room, arranging a key worker, providing interpreters, or adapting communication formats (easy-read, large print).<br>• Collaborating with specialist teams: For example, the Learning Disability Team, Alcohol Liaison Team, and Nutrition Team to ensure tailored support.<br>• Respecting patient identity: Patients are treated according to how they identify, including those who are transitioning. | 3 | Service Lead |

| | | | | |
|---|---|---|---|---|
| | | • Procedure room briefings: Each patient's individual needs are discussed with the team before the procedure to ensure appropriate care.<br><br>**How do you identify, record and implement reasonable adjustments to meet individual needs?**<br><br>• Using the online Pre-Assessment process: This includes a dedicated documentation section where administrative staff can record any specific requirements identified during booking.<br>• Proactive follow-up: If any needs are flagged, a nurse contacts the patient prior to admission to discuss adjustments and ensure their care plan reflects these requirements.<br>• Implementing reasonable adjustments: Examples include arranging interpreters, providing easy-read materials, allocating private rooms, and ensuring physical accessibility.<br>• Collaborating with specialist teams: Such as the Learning Disability Team, Alcohol Liaison Team, and Nutrition Team for tailored support.<br>• Respecting patient identity: Patients are treated according to how they identify, including those who are transitioning.<br>• Procedure room briefings: Each patient's individual needs are discussed with the team before the procedure to ensure personalised care.<br><br>**How do you engage with patients, community groups and the public to inform the design of services as well the expansion or reduction of services?** | | |

| | | | | |
|---|---|---|---|---|
| | | • PLACE Gathering feedback on the quality of the care environment from patients and the public.<br>• CHAMPS): Working with community representatives to review services and identify areas for improvement.<br>• Regular Patient Engagement: Consulting with patients who frequently use our services through surveys, focus groups, and feedback sessions.<br>• Digital Engagement: Using online surveys and social media to reach a wider audience and capture diverse perspectives.<br>• Partnership with Voluntary Groups: Collaborating with advocacy groups to ensure voices from all demographics are heard.<br>• Other Services: Work with teams/departments and wards who use the service to listen to their feedback and suggestions.<br>• Team: listen to views of our team to support and administer changes.<br>• This multi-channel approach ensures that service design and decisions are informed by real experiences and community needs.<br><br>**How do you engage with hard to reach or marginalised patient groups?**<br><br>• Flexible Appointment Locations: Listening to patients and accommodating requests to attend alternative sites where demographics or travel constraints make access difficult.<br>• Non-Digital Options: Recognising that some patients do not use technology, the service provides telephone-based pre-assessments and appointment booking to ensure inclusivity.<br>• Community Outreach: Working with local voluntary organisations and advocacy groups to reach individuals who may not engage through traditional channels. | | |

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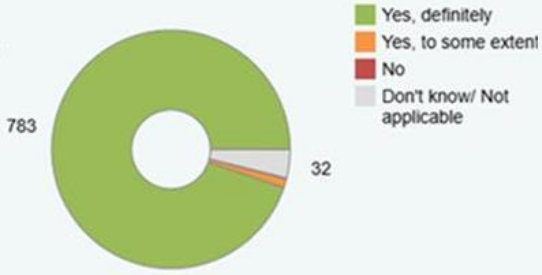
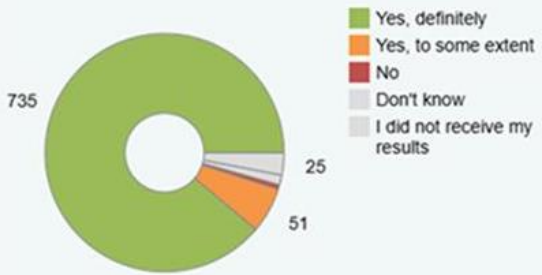
| | | • Accessible Communication: Offering information in multiple formats (printed materials, easy-read documents, translated content) to meet diverse needs.<br>• Feedback Mechanisms: Encouraging feedback through face-to-face conversations, postal surveys, and community forums to capture voices that might otherwise be missed.<br><br>**How do you work with partners to improve outcomes for people at higher risk due to protected characterises and health inequalities?**<br><br>• Conducting CHAMPS Walkthroughs: These involve partner organisations and cover accessibility across the service. Feedback and recommendations from these walkthroughs are used to create a detailed action plan.<br>• Collaborating with specialist teams: Including Learning Disability, Alcohol Liaison, and Nutrition teams to address individual patient needs.<br>• Using PLACE Lite assessments: To identify environmental and accessibility issues and implement improvements.<br>• Acting on patient feedback: Through Friends and Family Test results and feedback walls, ensuring changes are made in partnership with stakeholders. | | |

**8. Were you given sufficient privacy when changing or getting ready for your procedure?**



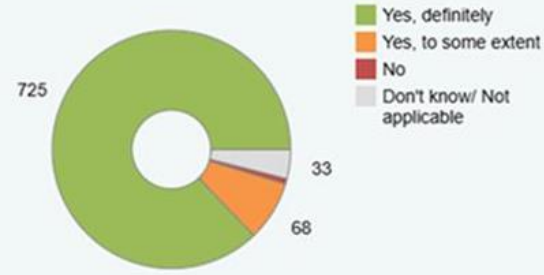

Score for this question: 99.24% (based on 826 responses)

**12. After you had your test, were the results explained to you afterwards in a way you could understand?**



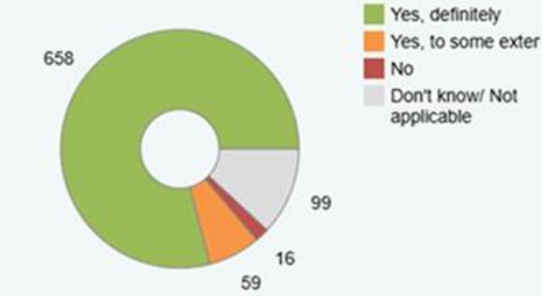

Score for this question: 96.14% (based on 827 responses)

**13. Have you had enough time to discuss your health or medical problem with a healthcare professional?**




Score for this question: 94.99% (based on 832 responses)

**14. Did you have enough time to discuss your options for your future care and/ or treatment with a healthcare professional?**




Score for this question: 93.79% (based on 832 responses)

Admissions Summary
Admission Date
01/04/2024
31/03/2025
Total Spells
14K
Admissions Per Working Day
45.2
Diagnostic Group
All
Admissions Per Non Working Day
25.4
Endoscopy Procedures
DIAGNOSTIC GROUP
COLONOSCOPY
GASTROSCOPY
FLEXIBLE SIGMOIDOSCOPY
OTHER UNMAPPED ENDOS...
JOINT ENDOSCOPY PROCED...
6.0K
4.3K
1.9K
1.5K
0.6K
0K
2K
4K
6K
SPELL_COUNT
Admissions By Day
Daily Admissions
60
40
20
0
(1) Mon
(2) Tue
(3) Wed
(4) Thu
(5) Fri
(6) Sat
(7) Sun
Weekday Name
Admissions by ward
ADMITTING_WARD
ENDOSCOPY UNIT
PENLEE UNIT
TR BODMIN ENDOSCOPY
NEWLYN UNIT
PLANNED AD LOUN
WCH SURGICAL UNIT
11.6K
2.2K
0.3K
0.2K
0.0K
0.0K
0K
2K
4K
6K
8K
10K
12K
SPELL_COUNT

**The Endoscopy Department**

07-NOV-2025
NHS NO: [redacted] HOSPITAL NO: [redacted]

[redacted]

First Class Mail

Dear [redacted]

We would like to inform you that your daycase procedure for a Colonoscopy booked at **Royal Cornwall Hospital, Truro.**
**Please attend the 1st Floor Tower Block.**

**Specialty : ENDOSCOPY**
**Admission date : 20.11.25**
**Ward : TREU**
**Time : 14:30**

You will be contacted by Ultramed, an online pre-assessment to complete a questionnaire prior to attending for your investigation.

You will be required to answer questions about you, your health, and your procedure. If you are unable to access the internet, a friend, family member or carer can assist you with completing your assessment.

Following completion of Pre-Assessment, you will receive a further link to complete a procedure consent form online (Concentric).

Please note, it is important to read the enclosed paperwork carefully. Please contact 01872 252923 if you have not received your bowel preparation. If you are currently taking oral iron supplements you must stop taking these 7 days prior to your test as they will impair the images obtained during your investigation. You can restart them straight after your test, please discuss with your GP.

To confirm your appointment, please call the automated line on 01872 252855, this number is available 24 hours a day, you will need to leave your name, hospital number, date and time of your appointment.

If you fail to confirm attendance or do not attend an appointment without contacting the department to cancel or reschedule 48 hours before, you will be removed from the waiting list and returned to your GP. In line with Royal Cornwall Hospital's trust access policy, we are only able to offer 2 dates for your investigation. If you are unavailable for 2 reasonable offers of appointment you will be returned to your GP.

Yours Sincerely
Endoscopy Booking Team
ENDOSCOPY
WTCI/END12

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| | | PATIENT TCI's BY MONTH WITH CANCELLED AND DNA TOTALS<br><br>Expected Admission Month \| Number of TCIs \| Cancellations \| Cancellations (Enhanced) \| DNA \| DNA (Enhanced)<br>01/03/2025 \| 2018 \| 574 \| 603 \| 88 \| 89<br>01/02/2025 \| 1838 \| 592 \| 633 \| 62 \| 64<br>01/01/2025 \| 1957 \| 652 \| 693 \| 76 \| 76<br>01/12/2024 \| 1892 \| 700 \| 726 \| 63 \| 65<br>01/11/2024 \| 1890 \| 628 \| 664 \| 53 \| 53<br>01/10/2024 \| 1700 \| 569 \| 588 \| 65 \| 65<br>01/09/2024 \| 1891 \| 609 \| 644 \| 96 \| 97<br>01/08/2024 \| 1931 \| 598 \| 624 \| 72 \| 72<br>01/07/2024 \| 2041 \| 654 \| 695 \| 66 \| 66<br>01/06/2024 \| 1864 \| 598 \| 644 \| 61 \| 61<br>01/05/2024 \| 2037 \| 611 \| 650 \| 79 \| 80<br>01/04/2024 \| 2004 \| 636 \| 686 \| 80 \| 80<br>**Grand Total** \| **23063** \| **7421** \| **7850** \| **861** \| **868** | | |
| | 1C: When patients (service users) use the service, they are free from harm | **What procedures are in place to enhance safety for patients in protected characteristic groups where there is known health and safety risks?**<br><br>• Pre-Assessment screening: Online or telephone pre-assessments identify individual risks early, including mobility, communication, safeguarding, or medical concerns.<br>• Accessible Information Standard compliance: The service records, and flag communication and accessibility need (e.g., large print, easy-read, interpreters) to ensure staff are aware and prepared.<br>• Individualised care planning: If risks are identified, a nurse contacts the patient prior to admission to agree on adjustments and safety measures.<br>• Reasonable adjustments: Examples include allocating private rooms, arranging key workers for patients with learning disabilities, and ensuring physical accessibility for wheelchair users. | 2 | Service Lead |

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| | | • Collaboration with specialist teams: The service works with the Learning Disability Team, Alcohol Liaison Team, and Nutrition Team to manage complex needs and reduce risks.<br>• Procedure room safety briefings: Each patient's individual needs and risks are discussed with the team before the procedure.<br>• Staff training: All staff receive equality, diversity, and safeguarding training to ensure awareness of risks and appropriate responses.<br>**How are staff and patient supported and encouraged to report incidents and near misses?**<br>• Clear reporting processes: All staff are encouraged to report incidents and near misses via the Trust's electronic reporting system (Datix), with guidance available on completing reports and investigations.<br>• Culture of learning: The service promotes a no-blame culture focused on learning and improvement, reinforcing that reporting helps prevent recurrence and enhances patient safety.<br>• Regular feedback: Our Governance Team shares updates on actions taken following reported incidents to demonstrate the value of reporting.<br>• Patient involvement: Patients are informed about how to raise concerns or report issues through leaflets, posters, and staff communication, ensuring accessibility for all.<br>• Governance review: All reported incidents are reviewed at business and governance meetings and nursing huddles, where learning is shared | | |

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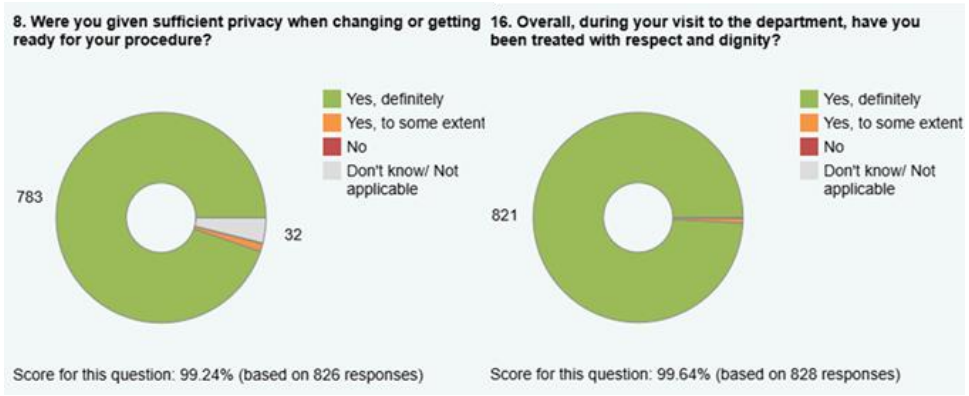
| | | across the team.<br>  <br> | | |
| | 1D: Patients (service users) report positive experiences of the service | **How do you engage with patients with protected characteristics and health inequalities to gain feedback on their experiences of the service?**<br>• The service would use the same routes as discussed above to ensure equality assessments are in place i.e. if English was a second language the service would make sure a translator were available at their appointments.<br>**How do you use the feedback form these patient groups to inform changes?**<br>• All feedback collected through the methods outlined above is shared within our team, specialty, and care group, and escalated to the Trust where appropriate. | 3 | Service Lead |

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| | | **Do you have examples of action plans or changes/improvements to the service and how do you monitor the progress of these?**<br><br>• The service monitors progress by setting clear SMART objectives.<br><br>**How do you use patient data to inform changes?**<br><br>The service reviews the following:<br>• Quantitative and qualitative data from complaints, surveys and compliments.<br>• Review incidents, reports and regularly audit our risk to improve patients' safety.<br>**How do you work with partners to improve safety for people with protected characteristics and health inequalities using existing data?**<br><br>• The service ensures understanding of the importance of good governance and how the service can gain support from our patient safety experts, patient engagement team, PLACE and CHAMPS with this rich data the service implements changes to the service.<br><br>**A selection of comments from Friends and Family Test surveys:**<br>• Friendly and courteous staff that are completely professional at all times. My procedure was handled very well and didn't hurt too much.<br>• Friendly, professional staff team, everyone very kind, evident good working dynamic and/rapport between the team (still very professional). Professional, dignified and positive environment. Nurses knowledgeable and opted for best practice and patient | | |

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| | | care regarding my rubbish veins for cannulation. Respectful environment - thank you.<br>• Staff worked extremely well with my mental health problems and were very calming and reassuring, no one make me feel any kind of way because they do the anxiety and stress I was extruding, but this down the. Them being awesome as no general but they read my previous admissions notes and pushed me up the list to help with my issues. Everything was explained very well.<br>• All Staff on my four visits have all been so kind and reassuring if there were difficulties with the procedure or possible concerns with findings.<br>• The wait wasn't that long, all staff from start to finish have been so kind, so understanding and never rushed me at all when. After care was very kind also, one of the nicest hospital experiences in a long time.<br>• All staff very friendly kind and considerate especially to people who like me are nervous. Excellent.<br>• The staff were amazing with helping me with my anxiety and making me feel at easy.<br>• All of the team were attentive, and professional allowing me to relax and feel confident.<br>• Kindness and A very caring approach. I was explained to through each step and felt safe.<br>• The whole department seemed to run very smoothly. All staff were very organised, polite, friendly & enthusiastic. Very knowledgeable and were happy to explain everything through the time here for my procedure. I felt I was in very competent care & that everything was well under control. It was refreshing | | |

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| | | to see a department work so well together & genuinely seemed caring towards their patients.<br>• Professionalism from the whole team with friendly, caring attitude. Thank you, our NHS is wonderful, and Treliske especially.<br>• Every person I've met today has been wonderful, a real sense of care and sincerity with anything I've been asked. I've felt listened to and valued as a person put totally at ease.<br>• One lady who was caring for me whilst having the colonoscopy was very calming and helping me get through the procedure which made it bearable thank you.<br>• This department was amazing, and I have had numerous trips to various hospitals in Cornwall and this type of procedure before but this experience with Mr B and his team was outstanding cannot praise them high enough - just keep on doing what you are doing - this is not a pleasant procedure but completely put at ease.<br>• My treatment and care were first rate the staff were very pleasant to me & other patients.<br>• The quality of care seems to get even better and is very much appreciated.<br>• I came here feeling very anxious but the stuff here is amazing thank you so much 5-star treatment.<br>• I felt very anxious when admitted but the staff made me feel at ease, everyone was extremely helpful, and the procedure was quick and efficient! Incredibly positive experience, thank you!<br>• The staff were amazing. So professional and attentive, the very best care respect and consideration given to. Thank you. | | |

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| | | • Super staff who were not only professional but were so reassuring and gentle. I was so anxious, but they put my mind at rest and explained fully what I should expect. Nothing was too much trouble for them.<br>• Staff were extremely reassuring, competent and kind. Excellent patient care and treatment from everyone and I cannot praise and thank them enough. They made my examination regarding my Barrett's oesophagus pain free, and I knew I was in very safe and skilled hands from all concerned: Alex, Mary, Clarence, and Karen and Sheryl. Bless you all and those behind the scenes. You do very important work and are a credit to the hospital.<br>• Friendly, professional and caring team. Checked on how I was from arriving through the procedure and in recovery. Informed me what they were doing asked me how I was. Offered to help me as my blood pressure dropped. Found time to get me numerous glasses of water. I really don't think they could have done anything more. Thank you so much.<br>• Each staff member was very caring and considerate. I am impressed that while they all have procedures a technical work has to be done carefully, they still had time to care for me as a human with anxieties and individuality.<br><br>**Friends and Family Test - percentages of Very good/good and poor/very poor 1 Apr 2024 to 31 Mar 2025:**<br><br>99.51% very good or good.<br>0% poor or very poor. | | |

**FFT response breakdown:**

| Response | Percentage | Number of times response selected |
|---|---|---|
| Very good | 92.08% | 756 |
| Good | 7.43% | 61 |
| Neither good nor poor | 0.24% | 2 |
| Poor | 0.00% | 0 |
| Very poor | 0.00% | 0 |
| Don't know | 0.24% | 2 |

Number of surveys completed – 821.

**A selection of stories from Care Opinion:**

- 'Today I attended Endoscopy for what I titled a double whammy appointment. From start to finish I have been treated with care, empathy & reassurance. Your colleagues Jai, Stacey, Emily,

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| | | Alex, Renuka & Sherwyn made what was a daunting appointment much more bearable & I am grateful for that.'<br>• 'I arrived on the unit and was greeted by a very friendly nurse who took me to be checked in and gowned up. They provide dignity pants for the procedure which was great.<br>It was really clear the time stated on the letter wasn't the appointment time and you would likely have a wait, this was explained in the documents sent out to home and was really good to know and expect that prior to, but it was a comfortable wait, staff kept you updated and there was a telly on and a friendly waiting room to keep you going although my wait wasn't long at all.<br>My procedure was conducted by Aaron and a team of fabulous nurses and a student nurse. Aaron and the girls were just amazing, creating a very relaxed and comfortable environment and we had some giggles chatting away which I just love when you instantly feel comfortable amongst people. Everything was explained, I knew what was happening at all times and I really felt in safe, trusted hands.<br>Great experience had in the recovery bay; the nurses were very attentive. The drink and snack were very welcomed and when I was ready to go to the discharge room to get my paperwork, I was once again encouraged and offered to have any drinks and snacks and made to feel comfortable. Again, everything explained with regards to what happened in the procedure.<br>Overall, a 10/10 service. Fantastic, hardworking and lovely staff and although I hope not to have to return, I would be more than happy to. Thank you, guys!'.<br>• 'I was due to have an endoscopy. As I was being prepared for the procedure I started panicking when talking about sedation and having to swallow the camera. I had lost my daughter only a | | |

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| | | | few months before and I think I the thought of the procedure triggered me.<br><br>The staff nurse Rosie and Dr Jim were wonderful and incredibly empathetic to me, taking time to comfort and reassure me. Realising my trauma, they knew that I couldn't go through with the procedure that day and assured me that they would make another plan. I was so touched by their kindness and gentle, caring approach.’ | | |

| Domain 1: Commissioned or provided services overall rating – 8 Achieving activity | | | | |
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| **Service 2: Pain Clinic** | | | | |
| **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 | **How do you ensure that patients with higher risks due to protected characteristics and health inequalities have adequate access to the service?**<br><br>• All patients are booked in line with the trusts booking policy. If patients struggle to attend due to a protected characteristic the speciality will make reasonable adjustments in order to meet this need. Examples of this include video or telephone calls replacing a face-to-face consultation, alternatively booking an appointment as close as possible to the patient's home address.<br>• Patients are able to choose if they wish to see a Dr of a certain gender, but this would need to be communicated to the booking office or pain department in order to make any adjustment.<br><br>**How do you gather patient feedback on accessibility and how do you use that information to make improvements?**<br><br>• Friends & Family Test, Care Opinion and now Care To Share, QR code available within the department and on patient correspondence, face-to-face before and following the appointment.<br>• The service healthcare staff are always available to discuss any feedback that patients may have on the day. | 2 | Service Lead |

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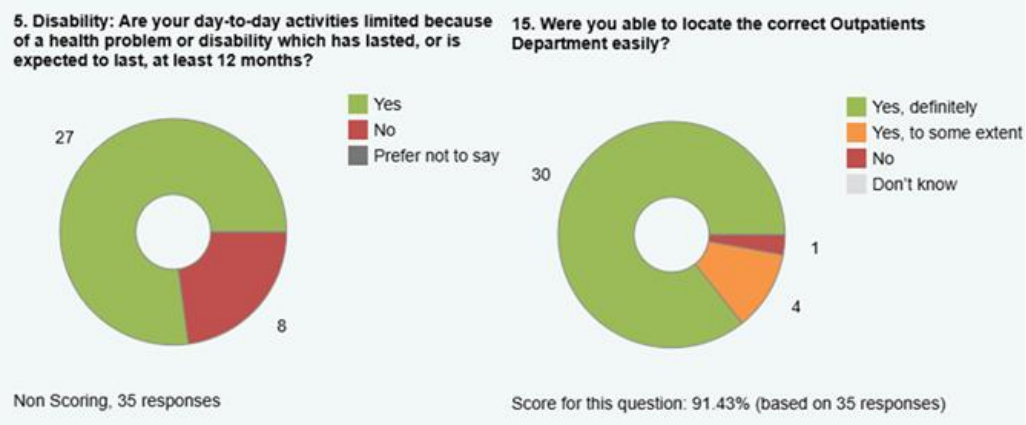
| | | **How do you ensure you are aware of the barriers faced by patients to accessing the service and what actions have been taken to overcome those barriers. Please refer to the Accessible Information Standard?**<br><br>• Issues are normally flagged by the booking office once the patient has made contact and the service accommodates based on the needs presented. Examples as mentioned above include virtual appointments or appointments as close to the patient's home address as possible.<br>• The department has a loop hearing system which is available to patients. The Service is based on the ground floor of the tower block, so access is easy for wheelchair users and the entrance to the department is wide enough to accommodate wheelchairs.<br><br>  | | |
| | 1B: Individual patients (service users) health needs are met | **How do you personalise care for patients who are at increased risk due to protected characteristics or health inequalities?**<br><br>• Due to the complexity of pain patients, all treatment plans are made and agreed based on the needs and willingness of the patient on what they do and do not want. If a patient declines treatment alternatives are proposed. This includes referrals to other specialities and community services. | 2 | Service Lead |

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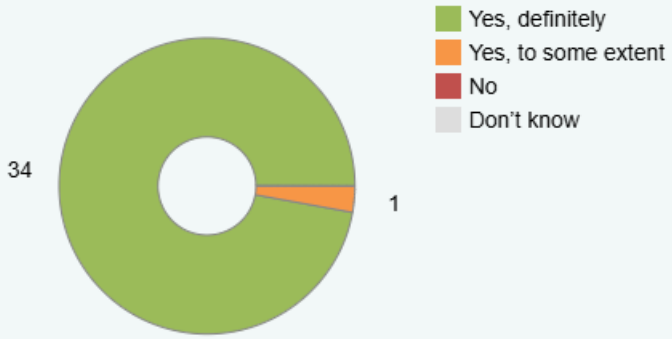
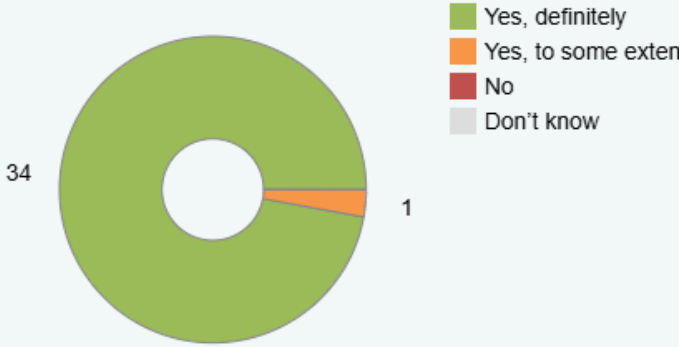
| | | **How do you identify, record and implement reasonable adjustments to meet individual needs?**<br><br>• All correspondences and plans are clearly documents in the patients' health records. Due to the complex nature of pain patient's appointments are longer than you would find in another speciality as physical, emotional and psychological health is discussed in appointments.<br><br>**How do you engage with patients, community groups and the public to inform the design of services as well the expansion or reduction of services?**<br><br>• At present no plans there is no planned change to service provision. The service aims to provide a service down the 'spine' of Cornwall. At present there are clinics in Truro, Penzance and St Austell. These are led by both Consultants and Nurses. The service also runs a number of pain management services which are based in central and north Cornwall.<br>• For any further developments the service would aim to use organisations such as health watch to support co-design with patients a future service.<br><br>**How do you engage with hard to reach or marginalised patient groups?**<br><br>• The service works closely with primary care and community partners in order to offer all patients choice in how they wish to manage their health condition.<br>• From pain cafés to pain management cafés the department is holistic in the services we recommend to all in order to meet their needs. | | |

**21. Have you had enough time to discuss your health or medical problem with a healthcare professional?**




Score for this question: 98.57% (based on 35 responses)

**22. Did you have enough time to discuss your options for your future care and/ or treatment with a healthcare professional?**




Score for this question: 98.57% (based on 35 responses)

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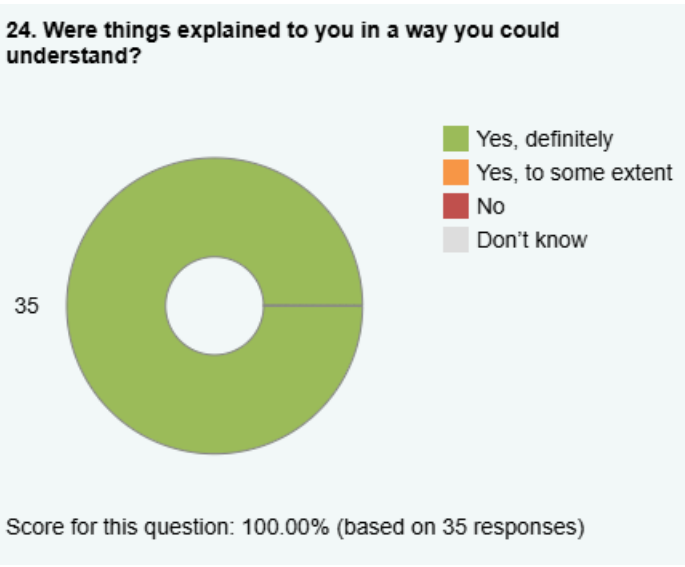
| | |  | | |
| | 1C: When patients (service users) use the service, they are free from harm | **What procedures are in place to enhance safety for patients in protected characteristic groups where there is known health and safety risks?**<br><br>• The staff who run clinics are sufficiently trained to identify potential red flags. Issues such as domestic violence, suicide prevention are all challenges which are raised in some appointments.<br>• Patients are offered information on support services when this is the case. In addition, for complex patients these are discussed at the specialities MDT where the team will discuss alternative proposals and options.<br><br>**How are staff and patient supported and encouraged to report incidents and near misses?**<br><br>• As part of our monthly MDT meetings incidents and Datix's are discussed and any learning from them is shared and distributed via the minutes. | 2 | Service Lead |

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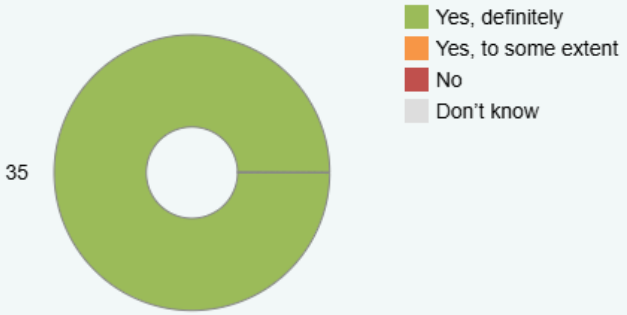
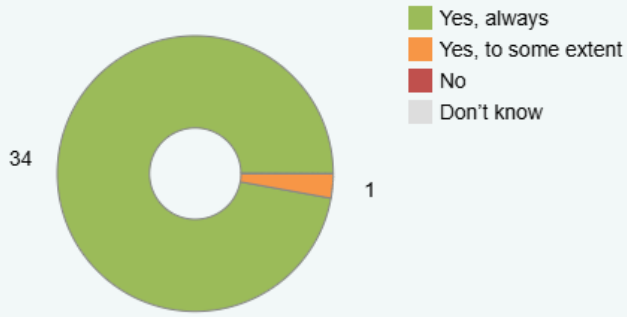
| | | • The service works closely with primary care and community partners. If safety issues are identified and will make appropriate referrals based on the needs and wishes of the patient.<br><br>**16. Were you made to feel at ease on checking into the department?**<br>  <br><br>Score for this question: 100.00% (based on 35 responses)<br><br>**30. Overall, during your visit to the department, have you been treated with respect and dignity?**<br>  <br><br>Score for this question: 98.57% (based on 35 responses) | | |

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| | 1D: Patients (service users) report positive experiences of the service | **How do you engage with patients with protected characteristics and health inequalities to gain feedback on their experiences of the service?**<br><br>• Friends & Family Test, Care Opinion and now Care to Share, QR code available within the department and on patient correspondence, face to face before and following the appointment.<br>• Our clinic healthcare staff are always available to discuss feedback.<br><br>**How do you use the feedback from these patient groups to inform changes?**<br><br>• The service analyses the data gathered from patient feedback to identify any patterns of inequality.<br>• At present no service changes or redesign is underway.<br><br>**How do you use patient experience data to inform changes?**<br><br>• The service analyses the data gathered from patient feedback to identify any patterns of inequality and share our findings and actions with patients through our 'Know how you are doing' Board, staff huddles and MDT.<br><br>**A selection of comments from Friends and Family Test surveys:**<br>• Lovely consultant, easy to access and overall, a great appointment.<br>• Simple to access with easy explanation on how to get online.<br>• It's easier to speak on video than over the phone. It meant I could get comfortable instead of holding a phone to my ear.<br>• I felt comfortable and safe.<br>• It was easy.<br>• Encouraging, clear, helpful and very informative.<br>• So much nicer talking to a face. | 2 | Service Lead |

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| | | • Convenient, prompt, relaxed, helpful, great physio, friendly, positive, reassuring.<br>• I was sent a message with an appointment and a link, very clear easy instructions and everything worked perfectly.<br>• Because I could show some of my problem areas as the physio could see me and I was just nicer and friendlier.<br>• I didn't know what to expect but felt it a very informative and positive experience.<br>• I love my pain consultations with Sarah, she's brilliant at her job and helps me see my path to lessen my pain experience much more clearly than I can on my own.<br>• Seemed pretty straightforward. No complicated logging in process, clear and easy to follow.<br>• I already have a face-to-face relationship built up with Sarah and this allowed me to meet with her from my home, at a time when my life is in chaos this was really appreciated.<br>• Polite friendly helpful on time.<br>• Because the staff are just beautiful, and they seem to have so much time for you.<br>• The team at the pain clinic are amazing.<br>• Left feeling more positive.<br>• Restored my faith in Drs, he was so lovely.<br>• The staff were so friendly and lovely.<br>• All the staff at the pain clinic are truly wonderful people thank you all.<br>• you've all been amazing, thank you so much!<br>• Sarah is very good at taking the time to explain things in a format that is easy to understand and take action on. She also makes the consultation feel like it's aimed at you rather than a generic approach.<br>• Face to face is always preferable but due to the hospital parking this format is a good way to connect with the consultant and I would choose video over phone as you can share images and | | |

see each other. Don’t forget that communication is more though non-verbal than verbal. It’s important to maintain this despite phone calls and video calls being easier.
- Excellent and felt listened too as always.

**Friends and Family Test - percentages of Very good/good and poor/very poor 1 Apr 2024 to 31 Mar 2025:**

90.2% very good or good.
7.84% poor or very poor.

**FFT response breakdown:**

| Response | Percentage | Number of times response selected |
|---|---|---|
| Very good | 86.27% | 44 |
| Good | 3.92% | 2 |
| Neither good nor poor | 1.96% | 1 |
| Poor | 1.96% | 1 |
| Very poor | 5.88% | 3 |
| Don't know | 0.00% | 0 |

Number of surveys completed – 51.

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| | | **A selection of stories from Care Opinion:**<br>• 'The pain clinic is brilliant, and I can't believe how under-used it seems to be. I rarely see another patient there when I attend. Most of the treatments offered could potentially save the trust a great deal of money if the patients then needed less or no medication. I have been in pain for 9 years after a neurological illness and was only told about the pain clinic last summer. Then had to wait until January this year for treatment. If the treatment works, I could have saved 9 years of pain.'<br>• 'I have been under the care of the Pain Clinic for a few years now and have always been seen by the same member of staff at all times, the consistency offered is superb - no long accounts needed of my history as they know me. The nurses are probably the loveliest people you will ever meet anywhere, so kind, so accommodating and nothing is too much trouble - they treat you with the upmost dignity and respect and offer old-fashioned nursing as it should be and sadly isn't often available in other departments these days.<br>The member of staff who has been helping me there is, quite frankly, super-human - just the kindest medical professional I have ever encountered before, and with 11 long-standing medical conditions, I have encountered many over the years! She is one of the most supportive, understanding and caring individuals I have ever met - and she makes you feel as if you matter, that nothing is too much trouble. Brought me to tears with her kindness and support on my last visit, which is why I felt compelled to write this review.<br>I have been struggling with my GP surgery for years in relation to my pain and their lack of understanding - the Pain Clinic have listened to me and supported me above and beyond with this issue. It is more than they are required to do, and I am fully aware of that - and the care and support they offer is warm, endless and consistent. | | |

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| | | The Pain Clinic have managed to offer me support with medications, letters of support, physiotherapy, hydrotherapy and additional support with regards to other conditions which have been affected by my pain. A truly amazing team, I pray that their hard work and care is noted and rewarded - this is a super-natural team of people who do extraordinary things every single day and change people's lives. I shall always be eternally grateful to them and one member of staff in particular. Life-changers is the best way to describe this incredible team of people. Thank you so very much to The Pain Clinic for all that you have done and all that you continue to do for us all - you are simply incredible.’ | | |

| Domain 1: Commissioned or provided services overall rating | | | | |
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| **Service 3: Emergency Department** | | | | |
| **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 | **How do you ensure that patients with higher risks due to protected characteristics and health inequalities have adequate access to the service?**<br><br>• Dropped curbs: Easier access for patients with mobility challenges.<br>• Bus stop outside department: Provides convenient access for patients who rely on public transport, reducing barriers for those without private vehicles.<br>• Disabled parking close to ED entrance: Convenient access for those with disabilities.<br>• Lower reception desk access: Ensures wheelchair users and shorter individuals can comfortably interact with staff.<br>• Hearing loops: Supports patients with hearing impairments.<br>• Makaton images in reception: Helps patients with communication difficulties understand key information.<br>• Collaboration with specialist teams: Alcohol Liaison, Learning Disability, and Nutrition Teams provide tailored support.<br>• Respecting patient identity: Patients are treated in line with how they identify, including those transitioning. | 2 | Service Lead |

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| | | • Interpreters and translation services: Available for non-verbal patients or those who speak a second language.<br>• Quiet space & sensory aids: Provides a calming environment for patients with sensory needs.<br>• Wheelchair-accessible facilities: Ensures physical accessibility throughout the department.<br><br>**How do you gather patient feedback on accessibility and how do you use that information to make improvements?**<br><br>• Accessible Information Standard compliance: Recording and flagging individual communication preferences (e.g., large print, easy-read, Braille, email, or verbal updates) and ensuring these are shared with staff.<br>• Use of interpreters and translation services: Providing interpreters and translated materials for patients who are non-verbal or speak a second language.<br>• Collaboration with specialist teams: Working with the Learning Disability Team, Alcohol Liaison Team, and Nutrition Team to address specific barriers.<br>• Physical accessibility: Ensuring facilities are wheelchair-friendly and adjustments are made for mobility needs.<br>• Respecting identity: Treating patients according to how they identify, including those who are transitioning.<br>• Procedure room briefings: Discussing each patient's individual needs before their procedure to ensure appropriate adjustments.<br>• Advance care planning: Identifying patients with specific needs ahead of appointments or admissions. | | |

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| | | **How do you ensure you are aware of the barriers faced by patients to accessing the service and what actions have been taken to overcome those barriers. Please refer to the Accessible Information Standard?**<br><br>• Making reasonable adjustments: Allocating a separate room, arranging a key worker, providing interpreters, or adapting communication formats (easy-read, large print).<br>• Holistic nursing assessment: Considering the whole person—physical, emotional, and social needs—to guide care planning.<br>• Doctors shaping care to individual needs: Clinical decisions are adapted to reflect each patient's circumstances and preferences.<br>• Hospital care plans and assessments: Using structured plans to ensure continuity and consistency in personalised care.<br>• Collaboration with specialist teams: Working with the Learning Disability Team, Alcohol Liaison Team, and Nutrition Team to provide tailored support.<br>• Respecting patient identity: Ensuring patients are treated according to how they identify, including those who are transitioning.<br><br>**Feedback from Patient Leaders Accessibility visit held on 21NOV24.**<br><br>Positive Aspects<br>• Fixed chairs with gaps: Helpful for larger patients, though limited in overall accessibility.<br>• Clean & tidy toilets: Good standard of hygiene maintained.<br>• Lowered reception bench: Inclusive design that supports patients with various disabilities and allows staff to monitor the waiting room. | | |

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| | | Areas for Improvement<br>Seating & Safety<br>• Lack of arm rests and raised seating: Makes it difficult for patients with mobility challenges to stand safely.<br>• Unsafe reliance on COVID-era screens: Patients are using screens to pull themselves up — this is hazardous and needs proper supportive furniture.<br>• Bariatric seating options: None currently available; should be introduced for inclusivity.<br><br>Wheelchair Accessibility<br>• No designated wheelchair bays:<br>• Wheelchair users are forced into thoroughfares or positioned in front of waiting room seats, blocking access.<br>• This creates risks of collisions and prevents patients from sitting with family/friends.<br><br>Hearing Accessibility<br>• Compact space: Patients with hearing impairments may struggle to hear announcements or conversations.<br><br>Toilets<br>Towel dispenser placement:<br>• Varying heights, with several not accessible to wheelchair users. | | |

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| | | • Recommend standardising dispenser height across the trust, especially in accessible bathrooms.<br><br>Bin positioning:<br>• Often placed directly in front of dispensers, impeding access.<br>• Suggest positioning bins and dispensers closer to sinks to avoid patients moving with wet hands, which is difficult and unhygienic.<br><br>Emergency pull cords:<br>• All but one were correctly hanging to the ground.<br>• Ensure replacements are fitted promptly when cords are missing or damaged.<br><br>Summary of Recommendations<br>• Add chairs with arm rests, raised height, and bariatric options.<br>• Provide designated wheelchair bays integrated into seating areas.<br>• Replace unsafe supports with proper grab rails or supportive furniture.<br>• Improve hearing accessibility with loops or acoustic adjustments.<br>• Standardise towel dispenser height and improve bin placement in toilets.<br>• Ensure emergency pull cords are always fitted and functional. | | |
| | 1B: Individual patients (service | **How do you personalise care for patients who are at increased risk due to protected characteristics or health inequalities?** | 2 | Service Lead |

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| | users) health needs are met | • Making reasonable adjustments: This may include allocating a separate room, arranging a key worker, providing interpreters, or adapting communication formats such as easy-read or large print.<br>• Collaborating with specialist teams: For example, working with the Learning Disability Team, Alcohol Liaison Team, and Nutrition Team to provide tailored support that addresses specific needs.<br><br>**How do you identify, record and implement reasonable adjustments to meet individual needs?**<br><br>• Implementing reasonable adjustments: Examples include arranging interpreters, providing easy-read materials, allocating private rooms, and ensuring physical accessibility. The service has eye masks and ear plugs along with other sensory supporting items available for patients who require this.<br>• Collaborating with specialist teams: Such as the Learning Disability Team, Alcohol Liaison Team, and Nutrition Team to provide tailored support.<br>• Respecting patient identity: Patients are treated according to how they identify, including those who are transitioning.<br>• Procedure room briefings: Each patient's individual needs are discussed with the care team before procedures to ensure personalised care.<br>• Use of OCEANO and PAS alerts: Patient records are flagged to highlight specific needs and ensure continuity of care. Care planning takes place for patients who are known to be a regular attender of our service and may require individualised support.<br>• Frequent attender alerts: Supporting patients who regularly attend by identifying patterns and ensuring appropriate interventions. | | |

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| | | • Maxims care plan: Using structured care plans to guide consistent, personalised support across the hospital.<br><br>**How do you engage with patients, community groups and the public to inform the design of services as well the expansion or reduction of services?**<br><br>• Consultant & nurse alerts: Informing service users of delays in real time to maintain transparency.<br>• Minor injuries redirection: Redirecting service users to Minor Injury Units (MIUs) when appropriate, ensuring timely and effective care, often in less crowded, quieter and calmer environments.<br>• Digital engagement: Using online surveys and social media to reach a wider audience and capture diverse perspectives.<br>• Other services: Collaborating with teams, departments, and wards who use the service to listen to their feedback and suggestions.<br>• Team input: Listening to the views of our own staff to support and administer changes effectively.<br>• Healthwatch Cornwall coordination: Partnering with Healthwatch Cornwall to ensure independent patient voices are represented.<br><br>**How do you engage with hard to reach or marginalised patient groups?**<br><br>• Encouraging MIU usage: Supporting patients to access Minor Injury Units (MIUs) when appropriate, ensuring timely care and reducing unnecessary barriers to treatment. | | |

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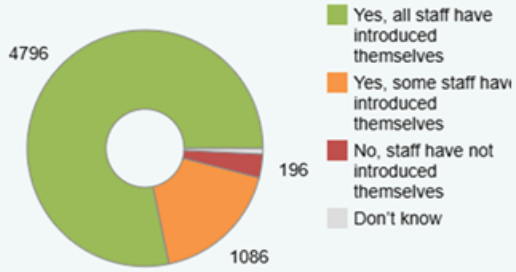
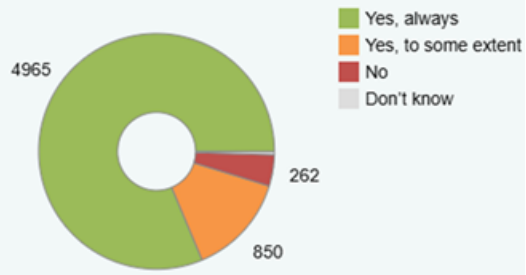
| | | • Accessible communication: Offering information in multiple formats such as printed materials, easy-read documents, and translated content to meet diverse needs.<br>• Feedback mechanisms: Encouraging feedback through face-to-face conversations, SMS surveys, and community forums to ensure voices that might otherwise be missed are heard.<br><br>**How do you work with partners to improve outcomes for people at higher risk due to protected characterises and health inequalities?**<br><br>• Acting on patient feedback: Through Friends and Family Test results, Care Opinion (now Care To Share), and a dedicated ED governance team to support complaints and actions as a result of this.<br>• Ensuring changes are made in partnership with stakeholders: Co-designing improvements with those directly affected.<br>• Collaborating with Homeless Charities and the Safeguarding Team: Supporting vulnerable patients and addressing wider social needs.<br>• Maintaining an open-door policy: Encouraging transparency and accessibility for patients, staff, and partners.<br>• Providing an out-of-hours support network: Ensuring continuity of care and access to support beyond standard operating times.<br>• Conducting CHAMPS Walkthroughs: Partner organisations join walkthroughs to review accessibility across the service. Feedback and recommendations are used to create detailed action plans.<br>• Collaborating with specialist teams: Including the Learning Disability Team, Alcohol Liaison Team, and Nutrition Team to address individual patient needs. | | |

**13. Have staff introduced themselves before treating or caring for you?**



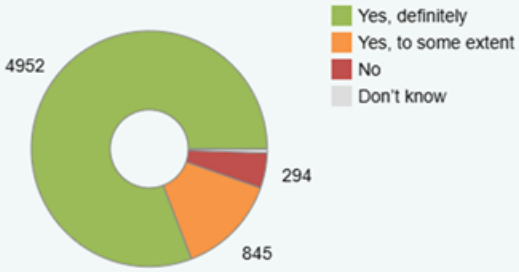

Score for this question: 87.84% (based on 6127 responses)

**16. Have staff showed you care and compassion?**



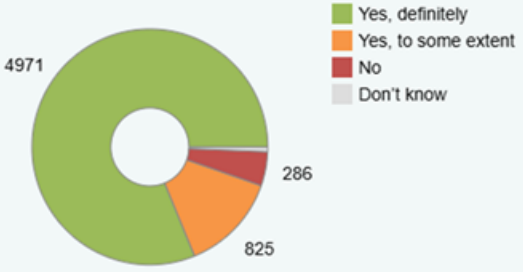

Score for this question: 88.70% (based on 6105 responses)

**17. Have staff listened to what you have to say?**




Score for this question: 88.24% (based on 6126 responses)

**24. Were things explained to you in a way you could understand?**




Score for this question: 88.52% (based on 6122 responses)

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| | 1C: When patients (service users) use the service, they are free from harm | **What procedures are in place to enhance safety for patients in protected characteristic groups where there is known health and safety risks?**<br><br>• Reasonable adjustments: Examples include allocating private rooms, arranging key workers for patients with learning disabilities, and ensuring physical accessibility for wheelchair users.<br>• Collaboration with specialist teams: Working with the Learning Disability Team, Alcohol Liaison Team, and Nutrition Team to manage complex needs and reduce risks.<br>• Staff training: All staff receive equality, diversity, and safeguarding training to ensure awareness of risks and appropriate responses.<br>• Accessible Information Standard compliance: Communication and accessibility needs (e.g., large print, easy-read, interpreters) are recorded and flagged to ensure staff are aware and prepared.<br>• Individualised care planning: Where risks are identified, a nurse contacts the patient prior to attendance to plan appropriate support.<br>• Procedure room safety briefings: Each patient's individual needs and risks are discussed with the care team before procedures to ensure personalised safety measures.<br><br>**How are staff and patient supported and encouraged to report incidents and near misses?**<br><br>• Clear reporting processes: All staff are encouraged to report incidents and near misses via the Trust's electronic reporting system (Datix), with guidance available on completing reports and investigations. | 2 | Service Lead |

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| | | • Culture of learning: The service promotes a no-blame culture focused on learning and improvement, reinforcing that reporting helps prevent recurrence and enhances patient safety.<br>• Regular feedback: Our Governance Team shares updates on actions taken following reported incidents to demonstrate the value of reporting.<br>• Patient involvement: Patients are informed about how to raise concerns or report issues through leaflets, posters, specific email addresses, and staff communication, ensuring accessibility for all.<br>• Governance review: All reported incidents are reviewed at business and governance meetings and nursing huddles, where learning is shared across the team.<br> | | |
| | 1D: Patients (service users) report positive experiences | **How do you engage with patients with protected characteristics and health inequalities to gain feedback on their experiences of the service?**<br>• Accessible communication: Providing information and feedback opportunities in multiple formats (easy-read, large print, translated materials, Braille, digital surveys) to meet diverse needs. | 1 | Service Lead |

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| | of the service | • Use of interpreters and translation services: Ensuring patients who speak English as a second language or are non-verbal can participate fully in feedback processes.<br>• Equality assessments: Identifying individual communication and accessibility needs in advance and making reasonable adjustments so feedback is inclusive.<br>• Face-to-face engagement: Offering opportunities for direct conversations with staff, community representatives, or patient advocates to capture lived experiences.<br>• Digital engagement: Using online surveys, SMS feedback, and social media to reach wider audiences, including those who may find traditional methods inaccessible.<br>• Community collaboration: Working with specialist teams (Learning Disability, Alcohol Liaison, Nutrition) and external partners (e.g., Healthwatch, local charities) to gather feedback from marginalised groups.<br>• Feedback mechanisms: Using structured tools such as CHAMPS walkthroughs, Friends and Family Test, and Care Opinion (Care to Share) to ensure patient voices inform service improvement.<br><br>**How do you use the feedback form these patient groups to inform changes.**<br><br>• Sharing feedback across teams: All feedback is shared within our team, specialty, and care group, and escalated to the Trust where appropriate. | | |

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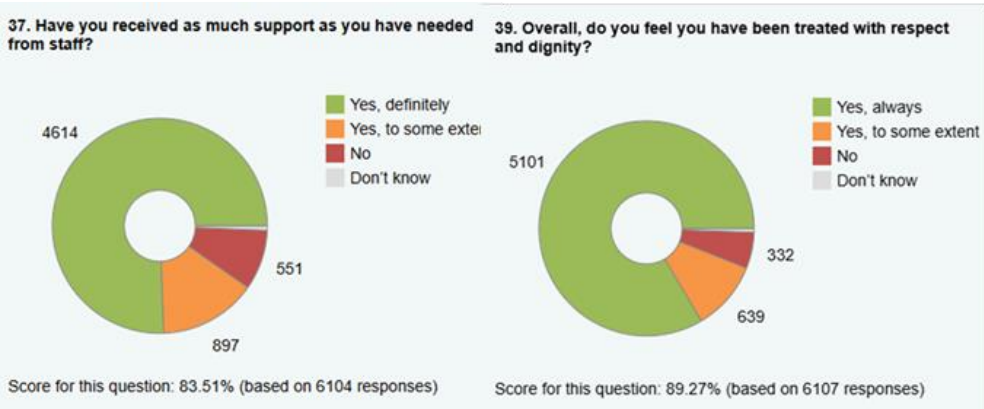
| | | • Governance discussions: Feedback is disseminated and discussed with the Nursing Governance Team and at Medical Governance meetings to ensure accountability and action.<br>• Learning from excellence meetings: Positive feedback and examples of best practice are highlighted to reinforce and replicate successful approaches.<br>• Medical and Nursing governance meetings: Feedback is reviewed regularly to identify risks, highlight areas for improvement, and embed changes into everyday practice. This has wide MDT representation.<br><br>**Do you have examples of action plans or changes/improvements to the service and how do you monitor the progress of these?**<br><br>• Front Door Assessment Model into RATS model: Transitioning to the Rapid Assessment and Treatment Service (RATS) model to streamline patient flow and improve early decision-making.<br>• Equitable Service Plan: Ensuring services are designed and delivered in line with equality principles, addressing health inequalities and protected characteristics.<br><br>**How do you use patient data to inform changes?**<br><br>• Patient activity metrics: Reviewing data through RADAR PATIENT, PIVOT, Majors vs Minors, and Flow – Time to Treatments to monitor demand, efficiency, and patient flow.<br>• Complaints, surveys, and compliments: Analysing both quantitative and qualitative feedback to understand patient experiences and highlight areas of excellence or concern. | | |

- Incident reports and risk audits: Regularly reviewing incident reports and conducting risk audits to identify safety issues and implement measures that improve patient safety.

**How do you work with partners to improve safety for people with protected characteristics and health inequalities using existing data?**

- Good governance: Ensuring robust governance structures are in place so that data is reviewed, discussed, and acted upon transparently.
- Patient safety experts: Gaining support and guidance from patient safety specialists to interpret data and identify risks.
- Patient engagement team: Using insights from engagement activities to understand lived experiences and highlight safety concerns.
- Data-driven change: Combining quantitative and qualitative data from these sources to implement targeted improvements across the service.



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| | | **A selection of comments from Friends and Family Test surveys:**<br>• Dr went out of her way to help me and helped me to be more comfortable as I was in pain.<br>• I think the care I received was excellent particularly as there were many other patients requiring care. All the staff were wonderful particularly when I observed some patients being not particularly pleasant or helpful. True professionals.<br>• Excellent care in The Emergency Department, kind, professional staff, wonderful.<br>• From start to finish I was treated the best way possible!<br>• Immediate check in, calm, quiet and reassuring. Medical/clinical staff were responsive, kind, compassionate and caring.<br>• VIP chemo patient…triaged within minutes of arrival at 10:30pm.<br>• I was going to compliment the staff at the emergency department before I received this email. From reception to discharge, in a busy department, staff were efficient yet demonstrated kindness and concern throughout my brief visit. Follow up took place the next day and I have an appointment booked for next week. Full marks Treliske.<br>• Out of all my experiences in hospital this was the most pleasant, it was really busy, but the staff remained in control, caring and professional and polite.<br>• Excellent service at Treliske A&E - the nurses and doctors are just incredible!<br>• I was seen very quickly; staff were friendly and took great care of me and I felt like the only patient there. | | |

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| | | • I was seen quickly, all the staff who dealt with me were polite and very professional, helping me as much as possible and putting me at ease the whole time I was there.<br>• I attended ED after dislocating my shoulder. From the moment I arrived all the staff without exception were excellent I was rapidly assessed, given analgesia. I was transferred to Xray, again lovely staff and returned to ED where the dislocation was reduced quickly and with minimal discomfort. Can't say I enjoyed my day but was delighted by the rapidity and quality of care I received…thank you to all ED and radiology staff involved in my care.<br>• I had an excellent experience and emerged impressed by the service delivered by everyone I encountered at RCHT.<br>• I had a professional experience from the reception staff that were very good & extracted my injuries with care & most importantly humour. I was seen in triage quickly & sent me to x-ray within 1 hour. I was immediately met by a doctor that had empathy, & care to support me to undress to my waist & she did my examination with extreme care & explained my injuries & most importantly information for my recovery.<br>• My unexpected visit to Treliske was dealt with in a professional, caring and compassionate way.<br>• Everyone from the consultants and the doctors to the nurses were very kind, considerate and caring. They gave informative treatment based on the test results and inclusion of agreement for a treatment plan.<br>• Even though the team where clearly busy they still provided the best care and attention to each patient and worked as efficiently as they could, given how stretched they were. | | |

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| | | • I was met Immediately at AandE, moved quickly through triage into resus and treated immediately. Treatment and care could not have been better.<br>• Excellent service throughout and it included a full spinal MRI. Staff were very good at explaining what test results meant and they outlined future options. Excellent service all round at Truro hospital.<br>• I was treated with respect and compassion. I was seen promptly, tests done, a treatment plan put in place and reassured on my concerns.<br>• All the staff are amazing, very professional and knowledgeable in their roles working to provide high standards of support to patients in a busy environment.<br>• Can only praise you about the service I received from everybody at Treliske including the tea lady, everybody was professional and courteous at all times. Top praise and thanks to everybody.<br>• All the staff were absolutely brilliant. I felt so cared for. I was in a lot of pain and was quickly given effective pain relieve. The nurses carried out various tests. The doctor then discussed the results of those tests and what steps to take next (with my GP and medication etc). He was extremely thorough, patient and very caring. He explained everything to me and didn't rush me at all. Visiting Truro hospital is like another world. I've been before for other tests. The staff are the friendliest and kindest people. So, we'll organised. Despite the pain I was experiencing, the hospital felt oddly calm, and this was on a Saturday evening! I honestly cannot fault it. What amazing people. You feel genuinely cared about. Thank you all from the bottom of my heart. My husband and myself appreciate you all very much. | | |

- Honestly, I cannot fault it. We are so lucky to have access to such knowledgeable, organised, kind and caring medical staff and medication, tests etc. I am so grateful.
- Staff were absolutely amazing; we also have a severely disabled daughter which they were all so kind to.

**Friends and Family Test - percentages of Very good/good and poor/very poor 1 Apr 2024 to 31 Mar 2025:**

82.5% very good or good.

10.58% poor or very poor.

**FFT response breakdown:**

| Response | Percentage | Number of times response selected |
|---|---|---|
| Very good | 62.70% | 3847 |
| Good | 19.80% | 1215 |
| Neither good nor poor | 6.49% | 398 |
| Poor | 4.66% | 286 |
| Very poor | 5.92% | 363 |

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| | | Don't know 0.44% 27<br><br>Number of surveys completed - 6136.<br><br>**A selection of stories from Care Opinion:**<br>• I was taken in with Atrial Fib 24.7.24. Due to chest discomfort, I was seen quickly. I was given an ECG and several relevant tests- all staff were cheerful, empathetic and very efficient instilling confidence in a very frightened patient at a time when they had a very full emergency department. I was given triaged effectively and sent to the “Minors Unit”. There the staff were efficient and empathetic responding promptly to all questions no matter how busy they were- they made sure I had enough to eat and drink and was warm and comfortable. They were also very kind to my daughter who accompanied me. I was discharged after treatment with medication and sound information and advice- thank you to all in the department.<br>• I am a gardener/ Horticulturist. I was bending down weeding, I got up very quickly not seeing a large metal bar at head height & hit my head hard on the bar. I went to A& E as a precaution & felt quite dazed, & experiencing an eye & headache. I was given time, given great information and details and I felt listened to.<br>• Taken to Treliske Hospital, Truro, Cornwall by ambulance and admitted to A&E. Attended to quickly by x-ray and Urgent Treatment Centre staff. They were quite wonderful, and orthopaedic consultant was able to manipulate the prosthesis back into place. Thank you seem inadequate words, but they are said with much feeling for the professionalism, care and | | |

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| | | kindness which I received. Being 200 miles from home, it was a stressful time, but all of the NHS staff involved helped in every way.<br>• My wife collapsed late in the evening. She had a serious stroke five years ago and another recently, so the local surgery in Boscastle advised I ring 999. I followed her to Treliske by car, finding her already scanned, tested and in a cubicle when I arrived. Overall, the service was efficient, courteous and friendly in difficult circumstances and it was a relief to discover she was not badly affected and there are follow up options conveyed to our doctor. Learning it was my birthday, I was offered biscuits with my cup of tea, but the care she received was the best present. Thank you all. | | |

# 4. Domain 2: Workforce health and well-being

| **Domain 2:**<br>**Workforce health and well-being** | | |
|---|---|---|
| **Outcome** | **Rating** | **Owner** |
| 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions | 3 – Activity Exceeds Requirements | Associate Director of EDI and OD |

RCHT provide a wide range of advice and self-management tools/opportunities. The Occupational Health Team provide information and advice to staff via a referral process from line managers. The Trust's People Experience Team have been developing the support provided to colleagues who have experienced stress and mental health related absences. The Wellbeing team have developed a new staff SharePoint site which signposts staff to internal and external support Health and Wellbeing - Home.

RCHT provides a range of interventions to support colleagues to stay well and at work:

- Sickness absence data is monitored and reviewed at a Trust wide and local level to understand the main reasons for absence, which helps to identify interventions that will have a positive impact for individuals/teams/organisation. A recent report by the People Experience team has highlighted areas of improvement.
- The Trust has introduced Wellbeing Conversations with line managers which will take place annually and provides an opportunity to discuss ongoing health concerns, what individuals need and to make reasonable adjustments.
- The Trust has a Staff wellbeing team of two people, one full time, one part time, who provide regular staff updates and works with other staff support services including Freedom to Speak Up.
- Staff networks provide a safe space for colleagues to talk about issues that affect them including health concerns.
- Staff support groups linked to Staff Networks – Diabetes, Endometriosis, Menopause, Neurodiversity and Migraine.

**Avenues of Support and Signposting**

- Staff SharePoint – including information, signposting and support across physical, mental, communal and financial support Health and Wellbeing - Home
- Monthly Wellbeing newsletters to all staff via email.
- Staff Networks including Disability and Long-term Conditions Network
- Staff support groups – Diabetes, Endometriosis, Menopause, Neurodiversity and Migraine
- Redeployment Policy
- Advice and signposting from the People Experience Team and Wellbeing Team
- Trade Union Partners
- Freedom to Speak Up Guardians
- Volunteering Team
- Coaches, Mentors and Mediators
- Health Promotion events and stands across all 3 sites. (Appendix 1)
- Free health checks for staff on all 3 sites.

The RCHT Occupational health team offer staff the following support.

- Health protection
- Vaccination programmes
- Statutory health surveillance
- Rehabilitation and return to work planning
- Disability advice

- Ill-health retirement assessments
- Management of existing work-related health problems
- Health and wellbeing advice
- Pre-placement health clearance
- Workstation assessments

**Obesity**

- Body Analysis checks – these are provided by Wellbeing Team across all three sites.
- Guidance on healthy weight management is provided on the Wellbeing staff SharePoint, along with links to local support options.
    - Cornwall Healthy Weight
    - Eatwell
    - Healthy Boxes
    - Change for Life
    - Weightwatchers
    - Slimming World
- Cycle Scheme: This is a salary sacrifice scheme available to all staff on a substantive or fixed term contract. Staff can apply online via The UK's Most Popular Cycle to Work Benefit - Cyclescheme
- Active travel schemes.
    - Cornwall Active Travel Active travel: walking and cycling - Cornwall Council
    - Sustrans Active Travel Active Travel Toolbox - Sustrans.org.uk
- Promotion of events through a regular Wellbeing newsletter such as;
    - The Cornwall Active Travel Challenge Cornwall Active Travel Challenge (getmeactive.org.uk) in June 2024.
    - Healthy Cornwall initiatives

- Local exercise classes
- National campaigns: healthy eating week; nutrition and hydration; know your numbers week; world sleep day; On Your Feet Britain; cycle to work week; national walking month.

**Diabetes**

- We have a staff support group as part of the Long-term conditions and disabilities staff network group to raise awareness and offer support to staff around diabetes.
- Promotion of national campaigns: healthy eating week; nutrition and hydration; know your numbers week; Diabetes Awareness week Diabetes UK - Know diabetes. Fight diabetes. | Diabetes UK

**Asthma and COPD**

- Personal and general advice can be sought from Occupational Health Department.
- Smoking prevention/cessation support is available through the Health and Safety and Wellbeing Teams.

**Mental Health**

- The RCHT Wellbeing and Occupational Health Teams provide information and advice on the Wellbeing Teams SharePoint.
  - Talking Therapies Cornwall Talking Therapies | Cornwall Partnership NHS Foundation Trust (cornwallft.nhs.uk)
  - Mindfulness Cornwall Mindfulness Cornwall | Building a community of mindfulness in Cornwall
  - Resilience Tool iResilience: Free Personal Resilience Report | Robertson Cooper
  - https://www.mind.org.uk/
  - The Mental Health Foundation Mental Health Foundation | Everyone deserves good mental health
  - Relate
  - Samaritans
  - International Stress Management Association (ISMA)

- SilverCloud online cognitive behavioural therapy programme | Cornwall Partnership NHS Foundation Trust

- Employee Assistance Programme Wisdom (healthassured.org)
- Occupational Health and Wellbeing (OH&WB);
- Trust's Chaplaincy Team;
- Access to national NHS resources at https://people.nhs.uk/.
- Freedom to Speak Up Guardians.
- Helplines including Crisis support – Samaritans; Shout; CALM; SANE; National Gambling.
- Wellbeing Events have been held across all 3 sites, covering things like nutrition, sleep hygiene and stress prevention (Appendix 1) trying to coordinate with national awareness/wellbeing days.
- Financial wellbeing tools, information and resources including Cost of Living help and support.
- Promotion of national campaigns: Time To Talk Day; Mental Health Awareness Week; Stress Awareness Month; World Suicide Day; Menopause Awareness Month; International Men's Day; Equality, Diversity and Human Rights Week.
- TRIM.
- MHFA.

Colleagues who are members of the 8 staff networks across the system were asked to take part in a survey to assess the awareness of the five health conditions identified by NHSE to be the focus of the EDS2022: Asthma, COPD, Diabetes, Obesity and Mental Health (Appendix 2). Recurring themes from the survey results were:

- Better, more visible support for staff and specific conditions.
- Improved training for line managers, empathy, and proactive wellbeing conversations.
- Continued concern about mental health support and stigma.
- Requests for clearer information on available resources.
- Concerns around stress levels linked to staffing shortages and presenteeism.

- A lack of awareness around neurodiversity and chronic conditions.

Feedback from colleagues who completed the survey suggested the following;

- Need for proactive wellbeing conversations and regular check-ins beyond annual appraisals.
- Frustration with delays in Occupational Health support and lack of clarity on processes.
- Concern about presenteeism and pressure to work through sickness.
- Desire for training for managers on mental health, chronic conditions, and disability inclusion.
- Suggestions for flexible working arrangements and better access to on-site medical support.

**NHS Staff Survey feedback**

**Questions reviewed.**

- **9d my immediate manager takes a positive interest in my health and wellbeing. (Trust score : 68.85%)**
- **11a My organisation takes positive action on health and well-being. (Trust score : 53.44%)**
- **11c During the last 12 months have you felt unwell as a result of work-related stress. (Trust score : 41.66%)**

**Ethnicity**

70.2% of White staff strongly agreed with 9d "my immediate manager takes a positive interest in my health and wellbeing" 68.7% of BAME staff felt the same. This is a slight increase from the previous year's metric.

BAME staff reported more favourably that the organisation takes positive action on health and well-being than White colleagues – a jump to 60% in 2024 from 57.9% in 2023. In comparison, there has been a reduction in White staff replying positively to this question, 50.2% in 2024 compared to 54% in 2023. However, BAME colleagues reported higher levels of work-related stress than White colleagues, 45% compared to 39.7%.

**Disability**

The percentage of staff with a Long-term Condition/Disability (LTC) who felt that their immediate line manager took a positive interest in their health and wellbeing has increased slightly from last year to 68%. This is compared to 70.7% of non-disabled staff. Only 46.3% of staff with a LTC felt that the organisation took positive action on health and wellbeing. The percentage for non-disabled staff for this question is 53% answering positively. There is a significant difference of experience in relation to work related stress between disabled and non-disabled staff, 53.8% of disabled staff reported feeling unwell with work related stress in the last 12 months, compared to 35.7% of non-disabled staff.

**Gender**

Female staff are more likely to agree that their immediate manager takes an interest in their wellbeing than male staff (70.8 compared to 68.7). Female staff also report slightly more positively than males in relation to the organisation taking action on health and wellbeing. Female staff are more likely to report work-related stress than males (F=40.7% compared to M=37.6).

**Gender identity**

Staff identifying as not having the same gender identity as their birth sex, have a more positive response to Q9d than both cisgendered males and females – 81.8%. They also report more favourably for Q11a, that the organisation as a whole takes positive action on health and wellbeing (70%).

However, 50% of this group reported that they had experienced work-related stress in the last 12 months. This is a higher percentage than cisgendered staff (40%). 51.5% of staff who chose not to disclose their gender identity indicated that they had experienced work related stress in the last 12 months.

**Sexual Orientation**

LGBO responders are 0.9% less likely to believe that their line manager takes a positive interest in their health and wellbeing and 4.2% less likely to believe that the Trust takes positive action in relation to health and wellbeing. This is a slight improvement from the previous year. However, staff who ‘Prefer not to say’ report the lowest positive response to this question (59.5%). LGBO colleagues and those who have chosen the ‘Prefer not to say’ option have experienced the highest percentages of work-related stress in the last 12 months – Heterosexual/straight = 39.4%/ LGBO = 45.7% and ‘prefer not to say’ = 49.8%.

**Age**

The largest group of staff who completed the survey came from the 51 – 65 age bracket (1,107). The age group with fewest respondents in was 16 – 20 (36). However, only 67.4% of staff within the 51-56 age group believed that their manager took a positive interest in their health and wellbeing. The highest percentage of staff (72.9%) who felt that their line manager took an interest in their wellbeing came from the 31-40 age group. This age group also the most likely to believe that the Trust took positive action in relation to health and wellbeing (54.5%). The age groups who reported the highest levels of work-related stress in the last 12 months were in the 21-30 and 31-40 age brackets (44.4%). Staff in the higher age brackets, 51-65 and 66+ reported the lowest percentage of work-related stress in last 12 months.

**Faith and Beliefs**

Responders to the survey who identify as having a religious belief, tend to answer less favourably to Q9d than those with no religion. The exception to this is Buddhist colleagues, who reported that 81.8% felt that their line manager took a positive interest in their health and wellbeing. Muslim staff and those chose the 'any other religion/prefer not to say' are less likely to provide a positive response to this question.

All religious groups, with the exception of those who chose the 'prefer not to say' option, felt that the Trust took positive action on health and wellbeing. Hindu colleagues felt particularly strongly that this was the case with 80.6% answering positively, compared with 51.2% organisation average. Responders to the survey who have 'Any other Religion,' 'prefer not to say' and are Muslim are more likely to experience work related stress. Staff who are Christian and Hindu have the lowest percentage of work-related stress.

**Summary**

The Trust offers a wide range of support for colleagues, and there has been a slight improvement in responses from staff who identify with protected characteristics when answering questions around health and wellbeing. However, BAME, LGBO and disabled staff all experience higher levels of work-related stress. Female staff are also more likely than male staff to experience work-related stress, according to the staff survey. The Trust monitors the health of employees and has a range of support available to staff to allow them to self-manage their health. The Trust actively encourages initiatives for work-life balance, healthy lifestyles and encourages and provides the opportunity to exercise via outdoor gym equipment and cycle to work schemes. The Trust also signposts to local and national health initiatives and organises wellbeing events across all sites.

Areas of improvement: Improved reporting on sickness absence, staff complaints and Datix reports by protected characteristic would allow the Trust to monitor data in these areas and focus on improvements around staff retention and absence.

**Scoring**

Based on the criteria set out in the EDS Ratings and Score Card Guidance (April 2023) there is evidence to demonstrate that RCHT takes an active approach to wellbeing. The Trust monitors staff health and wellbeing through sickness absence data and wellbeing conversations and a number of health literacy initiatives are organised throughout the year by the wellbeing team. The Trust encourages work/life balance and health, and fitness opportunities are available. Current activity meets the required level of activity and scores 3 points

| **Domain 2:**<br>**Workforce health and well-being** | | |
|---|---|---|
| **Outcome** | **Rating** | **Owner** |
| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | 2 – Required level of activity taking place | Associate Director of EDI & OD |
| The Trust Board has agreed four Equality Objectives to cover the period of 2024-2028. These objectives were co-constructed by the EDI leads from CFT, RCHT and the ICB. This will allow effective partnership working, whilst Trust specific delivery plans will ensure that actions address the needs of each organisation. The Trust has also published an anti-discrimination statement to demonstrate their commitment to equality and to effectively dealing with discrimination across the Trust. Staff can raise concerns through the Freedom to Speak Up Guardian and through Trust policies and procedures.<br><br>The Workforce Equality Standards for Race and Disability (WRES and WDES) focus on inequalities within recruitment, conduct, access to training, bullying, harassment, and abuse. Action plans to address these inequalities are available in our published equality reports, available on our public facing website. | | |

Summary of the WRES and WDES findings are below.

**WRES**

Improvements

- The percentage and number of ethnic minority staff have continued to increase year-on-year, now standing at 13.01% of the total workforce. This is across both clinical and non-clinical roles. The Trust has significantly greater ethnic diversity than the local population (3.2% of people identifying as non-white in Cornwall according to ONS Cornwall census data 2021).
- Metric 3: Relative likelihood of BAME staff entering the formal disciplinary process compared to White staff is 1.08. This shows that both groups are almost equally as likely to enter the process, which is an improvement from last year.

Areas of focus

- There is an increase in ethnic minority staff contacting the EDI team and People Experience team to report informal cases where they feel they are being treated less favourably than their white colleagues. Ethnic Minority colleagues have also reported through EDI leads and the Chair of the Ethnic Minority Employee Network Group that they have concerns in relation to the renewal of their visas, and this fear is real for this group of staff in the workplace.
- Staff Survey results show that 50.3% of ethnic minority staff that have indicated they are looking to leave RCHT within the next 12 months and only 60% of BAME staff felt that the Trust respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc) the average percentage for the Trust is 65.7%.
- Overall, there were less people recruited into the organisation in the last 12 months compared with the previous year, in the last 12months there were nearly half the number of appointments. This is reflected in total recruits, ethnic minority recruits have also halved, however candidates disclosing disability or unknown for disability has significantly reduced.

**WDES**

Improvements

- The percentage of colleagues identifying as disabled via ESR has increased from last year to 6.7%. This is higher than the NHS national average of 4.2% (A guide to improving staff disability data | NHS Employers)
- The percentage of staff disclosing that they have a disability has improved, with the percentage of 'Unknow/null' reduced to 11.9% for 2024.

Areas of focus

- There is still a high relative likelihood of disabled staff entering the formal capability process, the number of disabled staff that have been put through a capability process has more than doubled since 2023 and has increased again this year. Staff comments through the Disability and Long-Term conditions Employee Network Group have verbally highlighted concerns with colleagues being taken through a formal process or disadvantaged at work due to neurodivergence and lack of awareness of managers around reasonable adjustments and support to offer to staff.

- The percentage of disabled staff reporting that the Trust has made adequate adjustments to enable them to carry out their work has reduced for the first time since 2022 this year to below the national average at 73.32%. This is disappointing as the Trust was previously tracking well above the average for this metric. This result is despite having a higher response rate to this question compared to last year.

RCHT monitors concerns through a number of routes including: -

- People Experience team cases.
- Freedom to Speak Up Guardian
- Sexual Safety Charter
- Datix

Additional information from the staff survey sets out the differences in experience by protected group. A summary of the data includes: -

**Black, Asian and Minority Ethnic (BAME) Metric 4: Percentage of staff experiencing harassment, bullying or abuse.**

- The percentage of BAME staff reporting incidents of harassment, bullying or abuse from patients/the public over the last 12 months has increased from 26.11% in 2023 to 32.28% in 2024. This is now around 12% above the benchmarking average. In contrast, White staff reporting incidents of harassment, bullying or abuse from patients/the public over the last 12 months has reduced to 20.05%, this is the lowest this metric has been for five years and is below the national average of 23.21%.
- The percentage of BAME staff reporting incidents of harassment, bullying or abuse from staff in the last 12 months has also increased this year (31.75% in 2023 to 34.91% in 2024). This is significantly above the average of 24.78% for BAME staff.
- The percentage of BAME staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months has increased sharply from 19.72 in 2023 to 24.93% in 2024. This is the highest this metric has been in five years and is far higher than the average of 15.72%, which has continued to decline over the same period
- BAME staff also reported that they had experienced higher levels of physical violence from patients and members of the public than in previous years (22% in 2024 compared to around 19% in 2023). The percentage of White staff reporting the same has reduced this year to around 10.6% from 12.5% in 2023.

**Long Term Health Conditions (LTHC)/Disability**

- **Metric 4: Percentage of staff experiencing harassment, bullying or abuse from:**
  - **Patients/Relatives/Public**: This has reduced significantly to 24.74 this year from 29.12% last year and is now well below the average of 29.37%. The % for non-disabled staff has also dropped this year, but not as significantly.
  - **Managers**: This metric has continued to reduce and is now slightly lower than last year and close to the average. The percentage of non-disabled staff reporting harassment, bullying or abuse from managers has increased this year and this metric is now higher than the average.

    - **Other colleagues**: this metric has also reduced to 24.66% from 24.91% last year. This is the lowest this metric has been for five years and tracks close to the average.
- 13.1% of disabled staff reported experiencing discrimination from a manager, team leader, or other colleague.
- **Metric 8: The percentage of staff with a disability that say the Trust has made adequate adjustments to enable them to carry out their work** has remained steady and tracking higher than the average for the last five years. However, this year, the percentage of disabled staff feeling that they have adequate adjustments has decreased from 74.7% to 73.32 and is now tracking below the average, which has continued to increase.

**Lesbian, Gay, Bisexual and Other (LGBO)**

- **Metric 4: Percentage of staff experiencing harassment, bullying or abuse**
    - 25% of Gay and Lesbian staff reported experiencing harassment, bullying or abuse from patients/service users, members of the public. This is higher than the 21.5% of heterosexual staff reporting similar.
    - Around 16% of Gay and Lesbian staff and 14.6% of Bisexual staff reported experiencing harassment, bullying or abuse from managers and 22.6% from other colleagues.

**Gender identity**

- **Metric 4: Percentage of staff experiencing harassment, bullying or abuse**
    - 40% of staff who have disclosed in the staff survey that their gender identity is not the same as their sex at birth have experienced harassment, bullying or abuse from patients, family members, and the general public.
    - The percentage of transgender staff reporting similar from managers is 10%, which is slightly lower than for cis gender staff. However, 30% of transgender staff have reported experiencing harassment bullying or abuse from colleagues.
- **Q16b:** 50% of transgender staff have personally experienced discrimination at work from a manager / team leader or other colleagues.

**Age**

- The age group reporting the highest percentage of harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public are the 31 to 40 group. The group most likely to experience harassment, bullying or abuse at work from managers and colleagues are the 16 to 20 age group. Older staff (66+) and most likely to report such behaviour, with the largest age group (51-65) the least likely to report it.

**Gender**

- Female staff are slightly more likely to experience harassment, bullying or abuse at work from patients / service users, their relatives, or other members of the public than male staff. Male staff are more likely to experience such abuse from managers and are less likely to report it (51.9% of male staff confirmed they had reported such incidents compared to 54.3% female).
- Those staff who have chosen to not disclose their gender identity have the highest percentage of experiencing harassment, bullying and abuse from managers and other colleagues.
- Male staff reported the lowest percentage of being the target of unwanted behaviour of a sexual nature in the workplace from patients / service users, their relatives, or other members of the public. In comparison, 9.7% of female staff reported such incidents.

**Gender Identity**

- Staff whose gender identity is different to their sex at birth experience far higher incidents of harassment, bullying and abuse from patients, family members, and the general public (40% compared to 21% for cisgender colleagues).
- They are also more likely to experience bullying and abuse from colleagues.
- It is not possible to report ion numbers of transgender staff reporting such incidences as the data is unavailable due to too few staff answering this question.

**Religion and Faith**

- Muslim staff reported the highest percentage of harassment, bullying or abuse at work from patients / service users, their relatives, or other members of the public, alongside those identifying as Any other religion.

- Staff reporting the highest percentage of harassment, bullying or abuse at work from colleagues came from the Buddhist faith group. This group is also the least likely to report these incidents, only 40% of Buddhist colleagues reported such incidents in the last 12 months.

**Complaints**

- There were 6 cases of bullying towards staff by managers/other colleagues across the Trust from the period 1st September 2024 to 31st August 2025. This is a reduction from the 13 cases reported in the previous year.
- 4 colleagues identified as British, 1 colleague as Iraqi and the other colleague did not state their nationality via ESR.
- The complaints were equally split 50:50 between Male and Female colleagues.
- The average age for colleagues raising a complaint was 40.5.

**Datix reporting**

Datix reports were reviewed from the period from September 2024 to August 2025. 598 reports were analysed, looking at the categories of: incidents affecting the Trust and incidents affecting a member of staff including Kernowflex/agency/locum workers. Of the 598 Datix reports, there were 25 incidents of racist abuse, 2 of homophobic abuse and 12 sexually aggressive or violent incidents. This is an increase from the previous year.

Through the Freedom to Speak Up Guardian, the EDI and OD team and the People and OD People Partners, there has been triangulation of data and a review of the data with consideration of the impact of the data and how cultural change can positively improve staff experiences, discrimination, bullying cases, sickness absence and retention. This data and recommendations have been reported through to the People and Culture Committee and actions are weaved into the We Are RCHT OD Programme and Equality Objectives Delivery Plan.

Our Engagement Lead has worked closely with the People and Experience team to identify the golden thread associated with sickness absence and recommendations on how we can better support long term medical conditions reduce sickness absence. The EDI Lead has been working on guidance for managers to support with reasonable adjustments and use of Access to Work. This in turn will reduce stress for staff experiencing difficulties due to disabilities and long-term medical conditions and has potential to reduce sickness absence episodes.

A Values to behaviours framework have been launched along with an Anti-discrimination statement, with clear support on how to positively intervene, report and act upon poor behaviours.

Staff have been invited to nominate their ‘values champions’ – outstanding colleagues who embody the RCHT values of Respect, Honesty, compassion, and Teamwork. These nominations are reviewed, and certificates are issued to the selected colleague.

The organisation promotes and provides innovative initiatives for work-life balance, healthy lifestyles, encourages and provides opportunity to exercise. We have a flexible working policy which encourages managers to consider more opportunities for staff to work flexibly and hybrid in-office and home working where this can be supported. In addition, there are a number of initiatives focused on staff wellbeing that are promoted through our internal communications channels and social media pages.

Through the Anti-discrimination statement Staff with protected characteristics are supported to report and refuse treatment to patients who verbally or physically abuse them. The organisation has improved patient experience and workforce links with communication and third sector groups that support staff and patients from protected characteristic groups e.g. Rice and Peas, Black Voices Cornwall, Transparent Presence.

**Summary**

Overall, staff who identify as having one or more protected characteristic are more likely to experience bullying, harassment, and violence than staff who do not. An action plan linked to the Workforce Equality Standards has been created to identify where action needs to be taken. Work to review the culture of the organisation and a review of training needs for staff is ongoing. The SAFE and Compassionate Leadership programme and the LEAD Management Training programme is building on existing skills to ensure we have a civil, safe, and respectful workplace.

An Anti-discrimination Statement has been launched across all sites to reinforce the message that discrimination in any form will not be tolerated.

**Scoring**

Based on the criteria set out in the EDS Ratings and Score Card Guidance (April 2023) there is evidence to demonstrate that RCHT does take steps to address abuse, harassment, bullying and physical violence from any source. Colleagues who experience this are supported and appropriate action is taken towards colleagues who behave in a way that does not meet the Trust values of Respect, Compassion, Honesty, and Teamwork. There are a number of routes at RCHT for colleagues to raise concerns. Current activity meets the required level and scores 2 points.

**Domain 2:**

**Workforce health and well-being**

| Outcome | Rating | Owner |
|---|---|---|
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | 2 – Required level of activity taking place | Associate Director of EDI and OD |

The Trust offers a number of options to allow staff to raise concerns around stress, abuse, bullying harassment and physical violence:

- Line Manager/service structure dependent on concern
- An independent Freedom to Speak Up Guardian who offers support and signposting. A number of Freedom to Speak Up Champions also work alongside the Guardian.
- Option to report hate crimes to Devon and Cornwall Police
- An Anti-discrimination statement has been launched across all sites.
- Staff Networks provide a safe space for colleagues to speak about their experience.
- Induction programme includes expectations on behaviours, raising concerns and promotes the staff networks
- Trade Unions – provide advice/support and can support colleagues through processes.
- People Experience Team – provide advice/support with named contact and signpost to other support options.
- Equality, Diversity and Inclusion and Organisational Development Team
- Chaplaincy Team
- Employee Assistant Programme provides confidential counselling support and advice.
- Occupational Health and Wellbeing Team

Staff are referred to external sources of support to assist with stress arising from a disability or long-term health condition.

Welcome to WorkWell | Cornwall Voluntary Sector Forum

A number of policies are available to staff via the HR Document library around Freedom to Speak Up – Raising Concerns Policy, Dignity at Work, Equality, Diversity and Inclusion, Supporting Individuals who are Transgender, Menopause at Work, Staff Domestic Abuse and Sexual Violence and Supporting Staff Involved in an Incident, Complaint and or Claim Guidance.

**Human Resources (cornwall.nhs.uk)**

**Freedom to Speak Up - Raising Concerns Policy (cornwall.nhs.uk)**

**Policy and Procedure Template (cornwall.nhs.uk)**

**Staff Domestic Abuse and Sexual Violence Policy V1.0 (cornwall.nhs.uk)**

The Trust completes Equality Impact Assessments on policies that affect colleagues.

The People Experience Team, as part of Restorative Just and Learning Culture (RJLC), review HR cases regularly to identify learning.

We continue to work with the Freedom to Speak Up Guardian to help break down barriers to speaking up for marginalised groups. There are ae regular fortnightly meetings with FTSU Guardian and Associate Director of OD and EDI where we can consider actions required when issues have been raised and how this is communicated to staff raising the concerns so that staff feel they can trust the process. Worked jointly with FTSU Guardian to deliver the first EDI conference on Ethnic Minority Staff Experiences and how we can improve access and reporting to FTSU through joint campaigns.

Equality impact assessments are applied when amending or creating policy and procedures for reporting abuse, harassment, bullying and physical violence. In relation to Sexual safety the Trust has developed the following which support our staff in raising these concerns and when reports are being investigated:

- Sexual Safety policy in place
- The Trust has signed up to the NHSE ‘Sexual safety in healthcare – organisational charter.’
- Employment of domestic abuse and sexual violence (DASV) lead
- Resources created to promote support services and sexual safety in the workplace. Posters created around inappropriate, unwanted, and/or harmful sexual behaviour.
- Ward charter expectation created following sexual safety policy update.
- Awareness raised with internal networks such as EDI, Health, and Wellbeing

- Intersectional resources are being explored (LGBTQIA+, Ethnic Minorities, Support for bank workers.)
- Secured training with Bernardo's for the DASV champions, there are currently 25 champions across RCHT and CFT and they have a direct inbox set up for people to make contact with the champions.
- DASV is covered within the level 3 adults safeguarding training and on the mandatory eLearning portal.
- There are some other training aspects being considered and these include:
    - Bespoke DASV day created for DOPMH team internally upon request.
    - Be-spoke stalking and harassment training specifically for health care staff.
    - ED/MIU training being explored around first disclosures – Lunch and learn sessions.

**Summary of Findings**

RCHT provides a range of independent support which is available to all staff. Trade Union colleagues actively support their members and work with the Trust to tackle discrimination. The Freedom to Speak Up Guardian and Champions are independent and work closely with the Staff Networks. Equality Impact Assessments are applied to policies that relate to raising and dealing with concerns. Support is available to colleagues within and outside of their team/department/Trust. An Anti-discrimination statement is available on the main Trust website and outlines the expected behaviours from all staff and patients, family and visitors About us | Royal Cornwall Hospitals NHS Trust This information is also displayed on plaques and literature across all 3 sites.

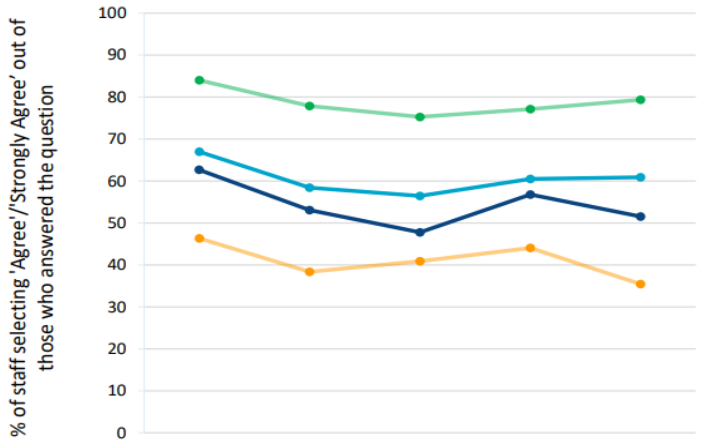
**Scoring**

Based on the criteria set out in the EDS Ratings and Score Care Guidance (April 2023) evidence is available to show that the Trust is committed to anti-discrimination and support outside of their line management structure is available for staff who experience bullying, harassment and abuse from staff, patients and the public. The Freedom to Speak Up Guardian and Champions are embedded into the processes around reporting of incidents and staff are encouraged to use Datix to record any incidents of poor behaviour from staff or patients. Staff networks are now in place and can offer support and signposting to staff. Equality Impact Assessments are applied for all new policies and projects. Current activity meets the required level of activity and scores 2 points

| Domain 2:<br>Workforce health and well-being | | |
|---|---|---|
| **Outcome** | **Rating** | **Owner** |
| 2D: Staff recommend the organisation as a place to work and receive treatment | 1 – Minimal/basic activities taking place | Associate Director of EDI and OD |

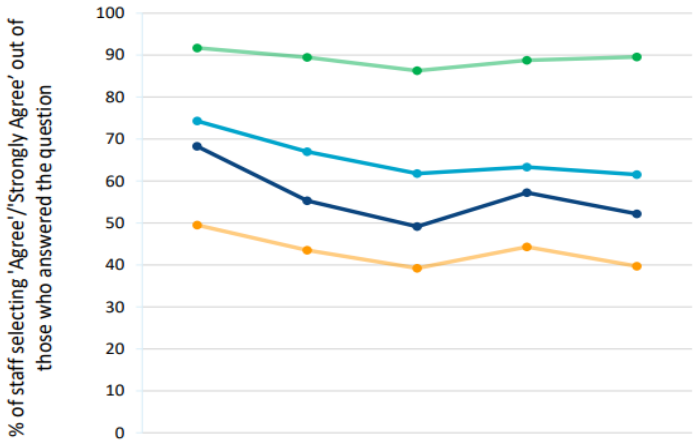
Staff survey results for 2024 show a reduction in the percentage of staff who recommend the organisation as a place to work and to receive treatment, compared to the previous year.

Q25c I would recommend my organisation as a place to work.




| | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|
| Your org | 62.65% | 53.08% | 47.78% | 56.80% | 51.52% |
| Best result | 84.01% | 77.87% | 75.29% | 77.14% | 79.38% |
| Average result | 66.98% | 58.40% | 56.46% | 60.53% | 60.90% |
| Worst result | 46.35% | 38.38% | 40.89% | 44.05% | 35.43% |
| Responses | 3688 | 3078 | 3200 | 3457 | 3427 |

Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.




| | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|
| Your org | 68.28% | 55.29% | 49.15% | 57.25% | 52.20% |
| Best result | 91.73% | 89.48% | 86.30% | 88.79% | 89.59% |
| Average result | 74.30% | 67.01% | 61.79% | 63.34% | 61.54% |
| Worst result | 49.51% | 43.50% | 39.23% | 44.30% | 39.72% |
| Responses | 3688 | 3076 | 3194 | 3452 | 3421 |

The information below is taken from the Trust's Quality Account 2024/2025

The Trust monitors data at the beginning and end of people's journeys via an onboarding questionnaire and a leaver or exit questionnaire. As well as the insight captured, the onboarding questionnaire acts as an early intervention by flagging people who may be at risk of leaving. The Trust engagement lead then contacts the 'at risk' staff member where an offer of a 'stay and thrive' conversation is made.

| Questionnaire | Response rate |
|---|---|
| Onboarding | 35% |
| Exit | 15% |

**People Joining us thought:**

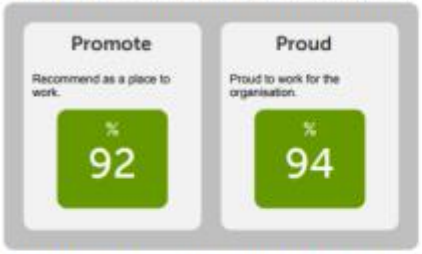



**Figure 2.** Sentiment to the trust.

**Figure 3.** summary of new starter views.

There are a number of interventions that have been put in place to improve retention, although not all were able to be sustained in the year of 2025 due to challenges financially and with resource:

- Leadership Development (LEAD and the SAFE and Compassionate Leadership programmes).
- Early Restorative Just Culture practice.
- Access to coaching programme.
- Creating development plans with staff.
- Continue We are RCHT OD Programme, Phase 1 focus on Trust values implementation, behaviours, and compassion.
- Continue with the associated recognition programmes for We Are RCHT.
- Team building.
- Set both team and individual objectives and goals and provide regular feedback.

**Staff Survey by protected groups: Q.25c I would recommend my organisation as a place to work and Q.25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation:**

**Black, Asian and Minority Ethnic (BAME)**

- Staff identifying as Mixed/Multiple Ethnic Background (56.1%), Asian/Asian British (68.6%) and Black African/Caribbean/Black British (78.1%) were more likely to recommend the organisation as a place to work than White colleagues (51%). The overall percentage of BAME staff recommending the organisation as a place to work has increased to 66%. This is an increase of 3.2% from 2023. In contrast, White staff are less likely to recommend the organisation as a place to work this year (51%) than last year (57%).
- BAME staff also felt that they would be happy with the standard of care provided (65.6% compared to 51.1% White staff). This also follows the same trend as the question above i.e. an improvement in BAME staff feeling this but a reduction in White staff agreeing.
- There has been a slight reduction in both White and BAME staff feeling that organisation provides equal opportunity for career progression or promotion, compared to the previous year. This is below the average for both categories.

**Long term health conditions/disability (LTHC)**

- Staff with Disabilities or Long-term health conditions are less likely than non-disabled colleagues to recommend the organisation as a place to work only 45.3% felt they could recommend the Trust, compared to 55.2% of non-disabled staff. This is a reduction for both groups from the previous year. Disabled staff were also less likely to be happy with the standard of care provided (47.3% compared to 54.5% for non-disabled staff) this is also a lower percentage than the previous year.

**Age**

- The age group most likely to recommend the trust as a place to work is the 16 to 20 group (61.1%). Staff between 51 and 65 are the least likely to recommend the Trust as a place to work (47.9%). This is also the age group with the highest number of people answering this question.
- Younger staff (16 to 20) are most likely to be happy with the standard of care provided by the organisation (69.4%). However, this percentage has reduced by around 10% from the previous year.

**Gender identity**

- Staff identifying as not having the same gender identity as their birth sex are most likely to recommend the Trust as a place to work (72.7%) and those who ‘Prefer not to say’ are the least likely to (28%).
- Transgender staff are less likely to be happy with the standard of care provided than cis gender staff. As with the question above, those who ‘Prefer not to say’ score the lowest percent 32.7%.

**Gender**

- The average across the organisation is 52.5% with male staff slightly more likely than female to recommend the Trust as a place to work (55.6% and 52.9%). This is a slight reduction from 2023.
- As with recommending the Trust as a place to work, there is very little difference between male and female respondents when feeling that the trust provides a good standard of care.

**Faith**

- Colleagues from Buddhist and Hindu faith groups had the highest percentage of staff who felt that they would recommend the Trust as a place to work (68.2% and 81.3%). The lowest scores came from those who have no religious belief (50.2%).
- Christian (57.8%), Muslim (59.3%) and Hindu (81.3%) colleagues scored the highest percentages in Q. 25d, “If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation” with staff in the groups ‘Any other Religion’ (51.6%) and ‘No Religion (49.9%) scoring the lowest.

**LGBO**

- Staff who identify as LGBO are slightly less likely to recommend the Trust as a place to work 50.8% compared to 53.9% of heterosexual staff. Those who ‘prefer not to say’ are the least likely to (34.5%).
- Colleagues who identify as LGBO are also less likely to be happy with the standard of care provided, 48.7% compared to 53.9% (heterosexual colleagues).
- Staff identifying as gay/lesbian had the most positive response to Q. 15 “Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age” with 59.8% agreeing that the organisation does, compared to 55.2% heterosexual staff. However, this is a reduction in percentages from last year.

There is currently an ongoing project with our staff Long-term Conditions and Disabilities network to introduce a Health Passport for reasonable adjustments. We have also provided guidance to support staff including educating managers and staff on resources available through Access to Work.

**Summary**

Overall, there are differences in responses by protected characteristics although, with the exception of responders who ‘prefer not to say’ across a range of protected characteristics, 50% or more would recommend the Trust as a place to work. More than 50% of all responders broken down by protected characteristics would recommend the Trust as a place to receive treatment.

However, both metrics have declined from the previous year. It will be challenging for the Trust to progress from a level 1 score to a level 2 within the evidence required for domain 2D due to having to achieve a 70% or higher recommendation for the Trust as a place to work and receive treatment from staff survey responses.

Those who 'prefer not to say' when identifying their protected characteristics tend to have a less positive response to both Q 25c and 25d than those who choose to disclose their protected characteristics. This is a fairly significant group of people, for example 101 people chose not to disclose if their gender is different to the sex assigned to them at birth, which is a significantly higher number than those who have (11). 206 staff also declined to confirm their sexuality, which again is more than all non-heterosexual identities combined.

**Scoring**

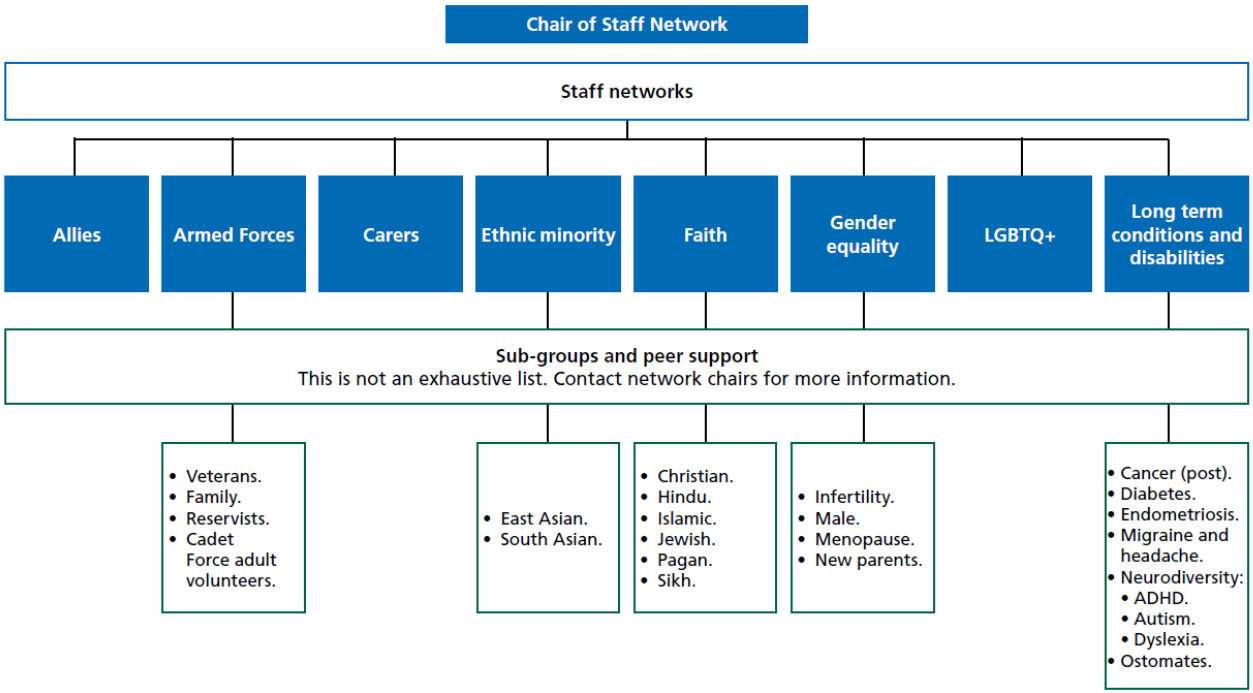
Based on the criteria set out in the EDS Ratings and Score Card Guidance (April 2023) over 50% of colleagues at RCHT who identify with protected characteristics and completed the staff survey would recommend the Trust for work and treatment. The Trust compares the experience of Ethnic Minority and Disabled colleagues through completion of the workforce standards. Current activity meets the minimal level of activity and scores 1 point.

| **Domain 2: Workforce health and well-being** | **8 / 12** | |
|---|---|---|

# 5. Domain 3: Inclusive leadership

| **Domain 3:**<br>**Inclusive Leadership** | | |
|---|---|---|
| ***Outcome*** | **Rating** | **Owner** |
| 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 | 2 – Achieving Activity | Associate Director of EDI and OD |
| Trust has established a 'triple aim' which includes equalities and health inequalities. The triple aim is a standing agenda item at Trust Board, and at Directorate Committee level meetings (examples taken from Trust Board and P&OD Committee).<br><br>Executive Directors each have individual EDI objective as part of the annual appraisal. In addition to this each Executive Director is aligned to be the Executive Sponsor acting as the voice, advocating for a specific employee network group at Senior and Executive meetings, as well as supporting and helping the Chairs to lead our Employee Network Groups.<br><br>Employee Network Groups are shared with partner organisations across the ICS. Each network has an executive sponsor from each Trust Board, so that is two Executive Directors sponsoring each network, along with overall accountability sitting the Executive Director for People (Chief People Officer) and the responsibility to support sitting with another Senior member of leadership in the Associate Director for EDI.<br><br>Executive Sponsors meet with their network Chairs regularly, depending upon activity for the network this can range from monthly, bi-monthly to quarterly. Network chairs have quarterly meetings collectively with the Trust Chairperson for both organisations and as part of the Intersectionality quarterly meeting all Chairs meet with the CEO's and Associate Director for EDI.<br><br>Evidence below includes screenshot of ENG's with associated support groups, calendar event of network chairs meeting with Trust Chairpersons. | | |

## NHS Cornwall system staff network structure




Information correct as of December 2024. Design reference: C119 (Cornwall Partnership NHS Foundation Trust).

Board Members enable underrepresented voices to be heard by attending network meetings of the networks they sponsor and having a standing agenda item at Board meetings for patient stories presented by the Chief Nursing Officer. There is a standing agenda item related to EDI at all Trust Board Meetings.

Executive Sponsors of employee network groups and Board members support the celebration of key cultural events such as the CEO leading on LGBTQ+ History Month, or the Executive Directors and Non-Executive Directors forming panel members for an item called ‘ask your Board’ at the first EDI Conference which was held in March 2024.

Additional events celebrated;

- We held a half day event in LGBTQ+ History Month contributing to a national project led by the Queer Britain Museum in London who are currently collating oral histories and experiences from the LGBTQ+ community.
- Our Filipino colleagues developed a Cultural appreciation month, celebrating the many traditions within the Filipino culture throughout June, which included educational materials available in the library, podcasts, photo displays, and a selection of food available in the Trust's restaurant.
- The Trust had a programme of events for Remembrance Week including poppies for Paddington, Remembrance service onsite at the Chapel, which was live streamed, and laying of a wreath as part of Truro Cathedral serviced on remembrance Sunday.
- Increased the number of RCHT Chairs across the seven Employee Network Groups and aligned Executive Sponsors to each network group. Also, the launch of an additional network towards the end of 2024, our Faith network.

Trust Board and Executive Directors have supported each employment Network to receive funding annually for £500 per network from RCHT.

Trust Board and Executive Directors have agreed to provide release time of 0.1wte funded for Chairs of each of the networks from RCHT.

Sexual Safety

- Trust is signed up to and implementing the 'Sexual Safety in Healthcare – Organisational Charter.'
- Recruited a Domestic Abuse and Sexual Violence (DASV) Lead.
- Established a DASV Steering Group.
- Implemented monthly Emergency department and Minor injuries unit drop-in sessions.
- DASV Champion scheme has been created and is due to be launched.

The Trust Board agreed and approved the Trusts Organisational Development Programme (We Are RCHT) which launched in April 2024. The “We are RCHT” OD plan Phase 1 was implemented and successful, however due to changes in the financial position of the organisation phase 2 was not able to be implemented and phase 1 was ceased pending large scale organisational change.

We are RCHT programme was designed to have maximum impact over a number of years, starting with the values and the leadership programmes as the foundation of our cultural change and improvement journey. These programmes were created to ensure that all staff received training and support and developed an understanding of what our values are and what they mean to us.

Phase 1 which is supported by Executive Directors and Trust Board members includes three elements:

- Values and Behaviours
- Leadership Development
- Civility and Respect

LEAD (Leadership Empowerment and Accountability Development) – on target to achieve KPIs.

- This project is ahead of target and currently 1536 people attending out of the 500 targeted by April 2025.
- New appraisal module launched in the LEAD programme – 68 attendees to date.
- Add scores??

SAFE and Compassionate leadership programme – on target to achieve KPIs.

- This has reached 90% (269 attendees) of target (300 attendees).
- A network of alumni has been established.

Insights

- Team development programme, included in SAFE but also as a standalone programme for teams.
- This has been delivered to 440 people to date (April 2025).

Additional Programmes:

- Active Bystander – based on 1.5 hours proposal to move to specific training under the “Choose to Challenge.”
- Reset Programme – support for ED staff with burnout. Currently being procured.
- Sexual Safety support.
- Scope for Growth – career development.
- Cultural competency training.
- Trans and Gender awareness training - pilot in maternity.
- Inclusive Teams training.
- TED Tool – an IT system-based option is being launched.

We have maintained accreditations to support our staff and to recognise.
the ongoing work towards improving equality and inclusion at the Trust.

- Disability Confident Leader
- Armed Forces Employer Recognition Scheme
- Veteran Aware
- Endometriosis Friendly Employer
- Menopause Friendly
- Rainbow Badge Scheme
- Armed Forces Covenant

**Summary**

There is a standing agenda item in board and committee meetings for Equality, Diversity and Inclusion, and there is a standing item as part of the CDEO report at Trust Board or Equality, Diversity, and Inclusion. There is a separate Health inequalities committee which reports into Board.

Board members and senior leaders actively communicate with staff and/or system partners about health inequalities, equality, diversity and inclusion, there are regular meetings across the ICS to discuss EDI topics and progress jointly, including a new system wide meeting which commenced in 2024, EDI Leads from across the ICS and also intersectionality meeting where all network chairs and EDI leads along with CEOs / Chair persons get together and take positive action and solutions to concerns being raised and share best practice.

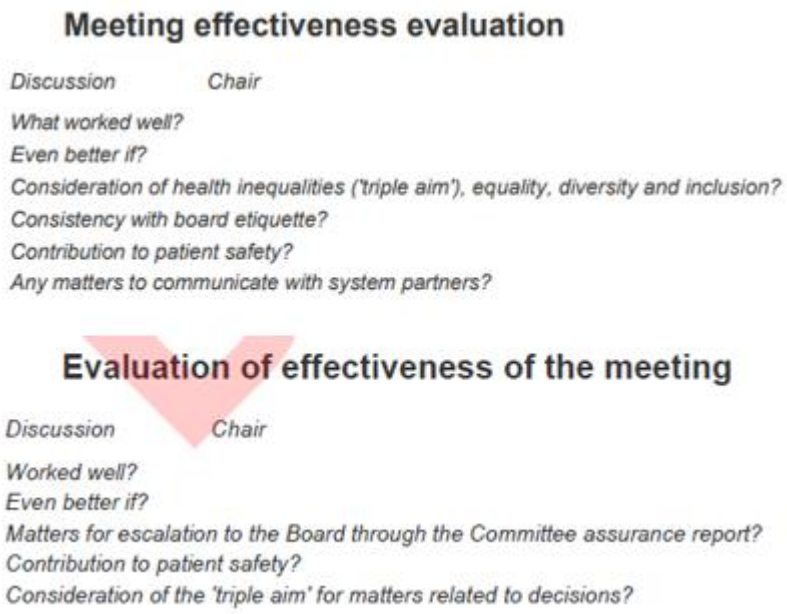
There is an Executive Sponsor for each network. Exec sponsors meet frequently with staff network Chairs and attend network meetings. Staff networks have more than one executive director sponsor and their role is to enable voices from the networks to be heard, hold discussion at senior committee meetings and board raising issues on behalf of the networks, sponsor and advocate for the network specific cultural or local events and/or celebrations.

**Scoring**

Based on the criteria set out in the EDS Ratings and Score Card Guidance (April 2023) there is evidence to demonstrate that Board members and senior leaders demonstrate commitment to health inequalities, equality, diversity and/or inclusion. Staff networks have more than one senior sponsor. Board members and senior leaders sponsor religious, cultural, or local events and/or celebrations. Board members and senior leaders enable underserved voices to be heard Board members hold services to account, allocate resources, and raise issues relating to equality and health inequalities on a regular basis. Board members implemented and supported the Leadership Framework for Health Inequalities Improvement; however, training ceased in 2025 pending large scale organisational change across the organisation. Board members and senior leaders demonstrate commitment to health inequalities, equality, diversity, and/or inclusion.

| *Outcome* | **Rating** | **Owner** |
|---|---|---|
| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | 3 – Activity exceeds requirements | Associate Director of EDI and OD |

Trust has established a 'triple aim' which includes equalities and health inequalities. The triple aim is a standing agenda item at Trust Board, and at Directorate Committee level meetings (examples taken from Trust Board and P&OD Committee).



**Meeting effectiveness evaluation**

*Discussion* *Chair*

*What worked well?*
*Even better if?*
*Consideration of health inequalities ('triple aim'), equality, diversity and inclusion?*
*Consistency with board etiquette?*
*Contribution to patient safety?*
*Any matters to communicate with system partners?*

**Evaluation of effectiveness of the meeting**

*Discussion* *Chair*

*Worked well?*
*Even better if?*
*Matters for escalation to the Board through the Committee assurance report?*
*Contribution to patient safety?*
*Consideration of the 'triple aim' for matters related to decisions?*

All projects and policies complete an EIA in accordance with Equality Impact Assessment Policy. A copy of the completed EIA is included in the appendices of the document to which it refers.

Action plans are approved by Trust Board via the Annual Equality Report which is published on the Trust website. The delivery plan for the Equality Objectives collates all of the actions from the different statutory and NHS required reports, including the High Impact actions from NHS England's EDI Improvement Plan. The delivery plan is reviewed quarterly by the People and Culture Committee to provide assurance on EDI progress and highlights any exceptions. The Equality Objectives Delivery Plan was developed across the ICS and is monitored and discussed monthly by EDI leads within the ICS, ensuring the NHS Oversight and Assessment Framework are used to develop approaches and build strategies.

The RCHT Trust Strategy sets out using population health management data to identify people most affected by health inequalities (screen shot from the Trust strategy below). There is clear evidence within the Strategy and supporting annual action plan that equality and health inequalities are reflected in the organisational business plans to help shape work to address needs.

To ensure improved monitoring, our Equality Impact Assessment (EIA) policy and EIA form has been reviewed and updated. This is currently going through the Governance routes for approval and is expected to be updated and published for use before the EDS report is approved at Trust Board in January 2025. The new EIA policy and form ensure this covers requirements for the Strategic Estates teams. In addition to this, guidance has been developed to accompany policy so people are aware of how and when to complete an EIA, who can support completion and who needs to authorise EIAs. All policy and organisational change EIAs are discussed and jointly agreed by our partnership forum with Trade Union colleagues and leaders in attendance.

**Summary**

The Trust has a delivery plan for the Equality Objectives which collates all action plans for the numerous EDI reporting requirements together (statutory and NHS England required), these are approved by Trust Board and noted within the Annual Equality Report which is published on the Trust website. Equality impact assessments are completed and there is an improved policy and process that was approved in 2024, including guidance to support manage on how to ensure the Equality Impact assessments are meaningful.

**Scoring**

Based on the criteria set out in the EDS Ratings and Score Card Guidance (April 2023) there is evidence to demonstrate that RCHT Both equality and health inequalities are standing agenda items in all board and committee meetings. Equality and health inequalities impact assessments are completed for projects and policies and are signed off at the appropriate level where required. Staff risk assessments, specific to those with protected characteristics, are completed and monitored (where relevant). Required actions and interventions are measured and monitored. The WRES, WDES and other EDI reports are used to develop approaches and build strategies. Equality and health inequalities are reflected in the organisational business plans to help shape work to address needs. Current activity meets the required level of activity and scores 3 points.

| ***Outcome*** | **Rating** | **Owner** |
|---|---|---|
| 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 | 2 – Required level of activity taking place | Care Group Leadership Teams |

Board members, system, and senior leaders ensure the implementation of the relevant below tools.
WRES, WDES, NHS E EDI HI Impact Actions, Gender Pay Gap reporting, Race Pay Gap reporting, AIS, EDS2022.

Governance routes for WRES, WDES, GPG, Race Pay Gap, Annual Equality Report and EDS are reported into Executive Leadership Team, People and Culture Committee then up to Trust Board for approval to publish. And ensure that any unachieved or off target actions are highlighted as exception and a plan is in place to bring back on track and progress.

The population within Cornwall is not particularly diverse, with only 3% of the local population being an Ethnic Minority background. With this our leadership at senior roles is at 2.15% in November 2025 (2#% in October 2024) for bands 8C and above, whilst this is still below the Cornish population figure of 3%, there was a significant improvement and continues to be improvement since a focus commenced on talent from diverse backgrounds being promoted and reported since May 2024 0.98%, however little progress in year 2025 therefore more to be done to support talent development.

In relation to Gender Pay Gap the following data has improved since the previous year:

- The mean (average) gender pay gap has decreased to 22.0% from 29.5% in 2024. This returns the trust to pre-pandemic figures.
- The median gender pay gap has decreased significantly to 8.8% from 17.2% in 2024. This returns the Trust to pre covid pandemic figures.
- Since 2020, the proportion of women with roles in the upper quartile has reduced from 63.4% to 59.79%. However, this is a slight increase from the previous year's figure of 58.88%.

In 2025 the Trust additionally reported on the Ethnicity and Disability Pay Gap;

- Race Pay Gap: The mean (average) ethnicity pay gap has increased to 0.3% from 0.1% in 2024. This indicates that while both groups pay is similar, white employees have seen a greater pay increase than BME colleagues. This could be explained by the proportion of white staff remaining the same, while the proportion of BME staff (the majority of whom work in the lower and middle quartile) has increased by almost a fifth.
- Disability Pay Gap: The mean (average) pay gap for hourly pay for 2024/25 is 2.9%. This indicates that non-disabled employees are paid more than disabled employees.

In relation to WDES there have been improvements in data since the previous year:

- Numbers of staff declaring a disability has risen steadily, and is now 6.7 for clinical, non-clinical and medical/dental. This is higher than national average, which, according to the Building Disability Inclusive Workplaces guide from NHS Employers, published March 2024, is 4.9%. Across all staff groups, the percentage of 'unknown/null' declarations has reduced. Across overall workforce, the percentage has reduced from 14.4% to 11.9% in 2025.
- Percentage of staff experiencing harassment, bullying or abuse from:
- Patients/Relatives/Public: reduced to 24.75 this year and now more in line with national average.
- Managers: slight reduction from last year, 15.48% from 15.58%. This is the lowest this metric has been for at least 5 years. Non-disabled staff % has also reduced slightly and is also the lowest in 5 years.
- Other colleagues: 24.66% of respondents reported experiencing harassment, bullying or abuse from other colleagues, compared to 24.91 in 2023. This is similar to the national average, but still higher than for non-disabled staff.
- There has been another increase in both disabled and non-disabled staff reporting incidents of bullying and

harassment.

- Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion. There has been a reduction in both disabled and non-disabled staff reporting that they believe that the Trust provides equal opportunities for career progression or promotion. In 2023, there was no significant difference between disabled and non-disabled staff for this metric. However, the percentage of disabled staff answering this question has reduced by around 6.5%. This is now close to the national average of 51.30% for disabled staff.
- Percentage of staff with a disability that have felt pressure from their manager to come to work despite not feeling well enough to perform their duties compared to staff without a disability, has increased this year to 28.55%. This metric is now similar to the national average of 26.85%, but significantly higher than for non-disabled staff. The percentage for non-disabled respondents, 19.09%, has continued to fall for the last 5 years.
- The percentage of staff with a disability that are satisfied with the extent to which the Trust values their work, compared to staff without a disability has decreased from last year to 33.26%. This metric has also seen a decline from non-disabled staff, which has seen a drop to below the average.
- The percentage of staff with a disability that say the Trust has made adequate adjustments to enable them to carry out their work has remained steady for the previous 2 years but has decreased this year to 72.32% from 74.70% in 2024. This is in contrast with the national average, which has increased significantly from 2022. We are now tracking below the national average for the first time, despite more staff completing this question compared to previous years.
-

In relation to WRES there have been improvements in data since the previous year:

- Percentage and number of staff in the Trust by ethnicity. The percentage and number of ethnic minority staff have continued to increase year-on-year, now standing at 13.01% of the total workforce, largely driven by a greater increase in clinical staff, suggestive of the impact of increased international recruitment efforts.
- Relative likelihood of BAME staff entering the formal capability process compared to White staff is 1.084, indicating that both groups are almost equally as likely to enter the process, an improvement on last year's figure of 0.776, which indicated that staff from an ethnic minority background were less likely to enter the formal capability process than white staff.
- The relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME staff. This has increased for all ethnicities from the previous year.

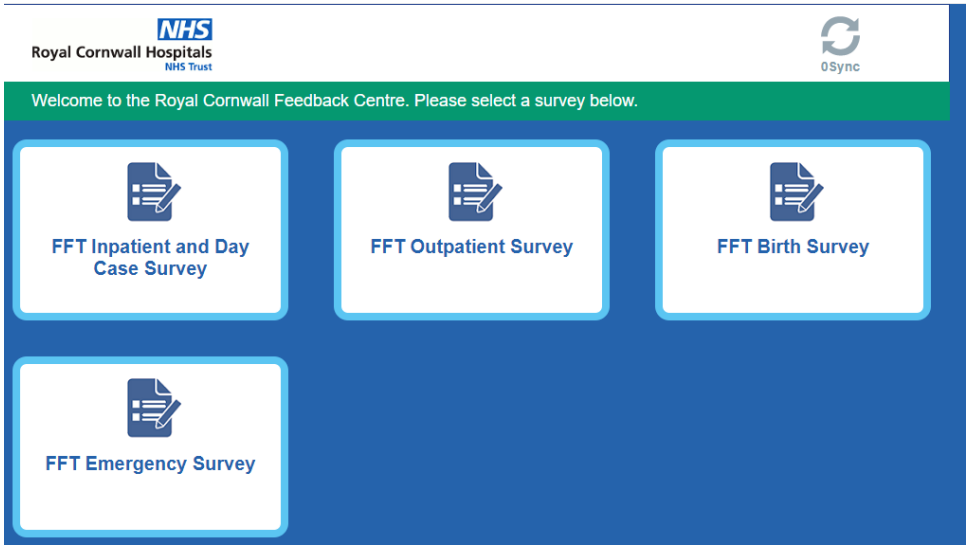
- Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public has dropped from 26.27 in 2022, to 23.19. This is a fairly significant drop and is below the national average.
- The percentage of staff experiencing harassment, bullying or abuse from colleagues has increased to 34.91% and is above the national average for the UK and significantly higher than white colleagues at the Trust and nationally.
- The percentage of staff that believe the Trust provides equal opportunities for career progression or promotion. The results for the Trust have dropped significantly, with only 54.78% of white staff, and 45.81% of staff from an ethnic minority background believing that the Trust provides equal opportunities for career progression or promotion, down from 57.73% and 49.86%, respectively.
- Percentage of staff who have experienced discrimination at work from a manager, team leader, or colleague. Despite a slight decrease last year, the percentage of staff from an ethnic minority background experiencing discrimination from a Manager / Team Leader has continued the sharply increasing trend, now sitting at 24.93%, up from 19.72% last year, while nationally this has continued to decline at a steady pace since 2022, now sitting at 15.72%.

Cornwall has a population of around 3% (Census 2021) ethnicity; however, the Trust has recruited many international staff and currently has over 13% ethnicity in the workforce. However, there is only 2% ethnicity in the workforce at Band 8C and above.

It is reported that 50.3% of ethnic minority staff that have indicated they are looking to leave within the next 12 months, it is possible that staff are choosing to leave the organisation as a result of experiences here, despite 47.6% being confident that the Trust would address their concerns (though cultural differences could be an aggravating factor here).

There are clear actions in the Annual report for the Trust to improve senior leadership representation for females exploring why this figure has reduced, as well as developing clear talent pipelines for those from ethnic minorities.

The Trust monitors patient related feedback such as the Family and Friends Test, which provides reports for a number of departments.




The Care Opinion Survey offers patients the chance to tell the Trust about the service they have visited.

Patient equality monitoring data is provided to Trust Board as part of the Annual Equality Report.

The development of Equality Objectives jointly with the ICB and CFT have been approved and are preparing to launch through a social media campaign. Equality Objectives are a requirement of the Public Sector Equality Duties outlined in the Equality Act 2010 and will remain in place for a period of up to four years.

The delivery plan for the Equality Objectives collates all of the actions from the different statutory and NHS required reports, including the High Impact actions from NHS England's EDI Improvement Plan. The delivery plan is SMART and is updated monthly at the ICS EDI Leads meeting. Assurance against the delivery plan is reported to People and Culture Committee on a quarterly basis.

**Summary**

The Trust has seen little change in workforce in senior roles from ethnic background and is still not reflective of the population served at Band 8C and above for ethnicity, clearly there is more work required within this area. Although there have been many other improvements demonstrated in WRES, WDES, Gender Pay Gap and other EDI reports.

Areas of improvement: EDI Group to become established and well attended with Care Groups taking performance responsibility for improvements in their data, staff experience, and overall culture. Improved talent pipelines for ethnic minority staff and females in the most senior roles at band 8C and above.

**Scoring**

Based on the criteria set out in the EDS Ratings and Score Card Guidance (April 2023) there is evidence to demonstrate that RCHT has a clear action plan with interventions for unmet goals and objectives in relation to ethnicity and gender representation at bands 8C and above. The Trust is able to show year on year improvement using Gender Pay Gap reporting, WRES and WDES. Board members, system, and senior leaders monitor the implementation and impact of actions required and raised by the below tools: Current activity meets the required level of activity and scores 3 points.

| **Domain 3: Inclusive leadership overall rating** | **7 / 9** | |
|---|---|---|

| Third-party involvement in Domain 3 rating and review | |
|---|---|
| **Trade Union Rep(s) comments:** | **Independent Evaluator(s)/Peer Reviewer(s) comments:**<br><br>Agree with your scoring and, as always, the report is very thorough and you have clearly done some great work. |

## 6. Organisational Rating

Overall scores for 2025 reporting period are:

Domain 1 = 8 out of a possible 12 for the Pain Clinic, Domain 1 services differ each year and therefore cannot be compared directly with that in the 2024 report
Domain 2 = 8 out of a possible 12, this is the same as the 2024 report
Domain 3 = 7 out of a possible 9, this is decrease of 1 from 2024 report

This is an overall score of 23, a reduction in scoring from 2024 report by 1 point. As a Trust this results in us retaining the rating of 'Achieving'. As a Trust this resulted in us retaining an overall rating of 'Achieving.'

| EDS Organisation Rating (overall rating): *unable to complete this section as patient domain 1 required in order to do overall scoring.* |
|---|
| Organisation name: Royal Cornwall Hospitals NHS Trust |
| Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped.**<br><br>Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing.**<br><br>Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving.**<br><br>Those who score **33,** adding all outcome scores in all domains, are rated **Excelling.** |

# 7. Action Plan

Action planning for all three services explored as part of the Domain 1 work is included in the tables below.

Action planning for Domains 2 and 3 needs to be carefully agreed through Workforce Business Partners and their Care Group leadership teams. This action planning can only take place once the organisational change process has been completed and new teams/roles are implemented.

**Service 1 Endoscopy**:11/12 EXCELLING

| Domain | Outcome | Objective | Action | Completion date |
|---|---|---|---|---|
| **Domain 1: Commissioned or provided services** | 1A: Patients (service users) have required levels of access to the service<br><br>3/3 Excelling | Identify and address barriers to accessing the service. | • Take action to optimise space in all waiting area to better accommodate wheelchairs and other mobility aids.<br>• Accessible toilets bin: Replace foot-pedal style bins with sensor-operated ones for ease of use.<br>• Seating options: Add chairs with armrests and raised height, plus bariatric seating to accommodate all patients.<br>• Privacy curtain: Ensure curtains are fitted in endoscopy suites where available. | Q2 2026 |

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|---|---|---|---|---|
| | 1B: Individual patients (service users) health needs are met<br><br>3/3 Excelling | Meet needs of those at increased risk of health inequalities due to a protected characteristic. | • Review all patient letters to ensure they are in clear print (font size 14) as standard and large print (font size 16) for those with a visual impairment flag as recommended by RNIB and ensure they are written in “plain language” removing medical jargon and acronyms. | Q2 2026 |
| | 1C: When patients (service users) use the service, they are free from harm<br><br>2/3 Achieving | Ensure procedures are in place to enhance safety for patients in all protected characteristic groups where there is known Health and Safety risks. | • Take action to reduce the risk of accidents in the waiting area giving particular consideration to the safety of vulnerable patients such as those with mobility issues and frailty as well the impact on patients with LD&A due to the thoroughfare and ensure any incidents or near misses and reported. | Q2 2026 |
| | 1D: Patients (service users) report positive experiences of the service<br><br>3/3 Excelling | Actively engage with patients with protected characteristics and other groups at risk of health inequalities about their experience of the service. | • Promote users to engage with Care To Share | Q4 2026 |

**Service 2 PAIN CLINIC**: 8/12 ACHIEVING

| Domain | Outcome | Objective | Action | Completion date |
|---|---|---|---|---|
| **Domain 1: Commissioned or provided services** | 1A: Patients (service users) have required levels of access to the service<br><br>2/3 Achieving | Identify and address barriers to accessing the service. | • Continued awareness of the barriers faced by patients to accessing the service<br>• Referral to the Accessible Information Standard | Q3 2026 |
| | 1B: Individual patients (service users) health needs are met<br><br>2/3 Achieving | Meet needs of those at increased risk of health inequalities due to a protected characteristic. | • Continue to personalise care for patients who are at increased risk due to protected characteristics or health inequalities | Q2 2026 |
| | 1C: When patients (service users) use the service, they are free from harm<br><br>2/3 Achieving | Ensure procedures are in place to enhance safety for patients in all protected characteristic groups where there is known Health and Safety risks | • Continue to monitor and action the risk of accidents in the waiting area giving particular consideration to the safety of vulnerable patients such as those with mobility issues and frailty. | Q2 2026 |
| | 1D: Patients (service users) report positive experiences of the service<br><br>2/3 Achieving | Actively engage with patients with protected characteristics and other groups at risk of health inequalities about their experience of the service. | • Promote users to engage with Care To Share | Q4 2027 |

**Service 3 Emergency Department:** 7/12 DEVELOPING

| Domain | Outcome | Objective | Action | Completion date |
|---|---|---|---|---|
| **domain 1: Commissioned or provided services.** | 1A: Patients (service users) have required levels of access to the service.<br><br>2/3 Achieving TO DO | Identify and address barriers to accessing the service, including call buzzers. | • Take action to review the possibility to optimise space in all waiting areas to better accommodate wheelchairs and other mobility aids.<br>• To further enhance accessibility and patient experience, the service is exploring the use of call buzzer systems:<br>▪ Patient independence: Allowing patients to wait comfortably without needing to remain in crowded areas, reducing stress and sensory overload.<br>▪ Mobility support: Ensuring patients with wheelchairs or mobility aids can be notified promptly when it is their turn, without needing to navigate busy thoroughfares.<br>▪ Efficiency: Improving flow and reducing congestion in waiting areas by enabling patients to move freely until called.<br>▪ Safety: Minimising risks associated with overcrowding and ensuring vulnerable patients are supported. | Q4 2027 |

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|---|---|---|---|---|
| | 1B: Individual patients (service users) health needs are met.<br><br>2/3 Achieving TO DO | Meet needs of those at increased risk of health inequalities due to a protected characteristic. | Review the following:<br><br>• Standard clear print: All letters are produced in font size 14 as the default standard.<br>• Large print option: For patients with a visual impairment flag, letters are provided in font size 16, in line with RNIB recommendations.<br>• Plain language: Letters are written in plain, straightforward language, avoiding medical jargon and acronyms to ensure understanding.<br>• Consistency and quality checks: Regular reviews are carried out to confirm that accessibility standards are consistently met across all communications. | Q2 2026 |

| | | | | |
|---|---|---|---|---|
| | 1C: When patients (service users) use the service, they are free from harm.<br><br>2/3 Achieving | Ensure procedures are in place to enhance safety for patients in all protected characteristic groups where there is known Health and Safety risks | Review the following:<br><br>• Environmental adjustments: Ensuring clear walkways, non-slip flooring, appropriate seating, and removal of trip hazards to support safe movement.<br>• Mobility support: Providing accessible seating areas close to the entrance, dropped curbs, and wheelchair-friendly layouts.<br>• LD&A considerations: Minimising sensory overload by reducing clutter, managing noise levels, and offering quiet spaces away from busy thoroughfares.<br>• Staff vigilance: Training staff to identify risks quickly and provide assistance to patients who may be at higher risk of accidents.<br>• Incident and near-miss reporting: All incidents or near misses are reported through the Trust's electronic reporting system (Datix) and reviewed at governance meetings to ensure lessons are learned and improvements implemented.<br>• Continuous monitoring: Regular safety audits and walkthroughs (e.g., CHAMPS, PLACE Lite) to identify risks and take corrective action promptly. | Q2 2026 |

| | | | | |
|---|---|---|---|---|
| | 1D: Patients (service users) report positive experiences of the service<br><br>1/3 Developing | Actively engage with patients with protected characteristics and other groups at risk of health inequalities about their experience of the service. | Record demographic data:<br><br>• Age: Monitoring usage and outcomes across different age groups to identify trends and tailor services.<br>• Race and ethnicity: Collecting data to highlight disparities in access, experience, or outcomes, and to inform culturally sensitive care.<br>• Religious groups: Recording information to support specific religious needs (e.g., Jehovah's Witnesses, Sikhs), ensuring care is respectful and aligned with individual beliefs.<br>• Promote users to engage with Care to Share | Q4 2026 |

Equality Delivery System 2022 Template

Published: Feb 2026

# 8. Appendix 1. Health information for staff

## What's on in August

During August we will be sharing tips, resources and support throughout the month which are available to all colleagues.

Please also see our events page with booking links for all Wellbeing days, workshops and webinars running throughout the year. The August Action for Happiness Calendar is available to download via the link below.

Relevant resources

**Upcoming Events** See all

+ Add event

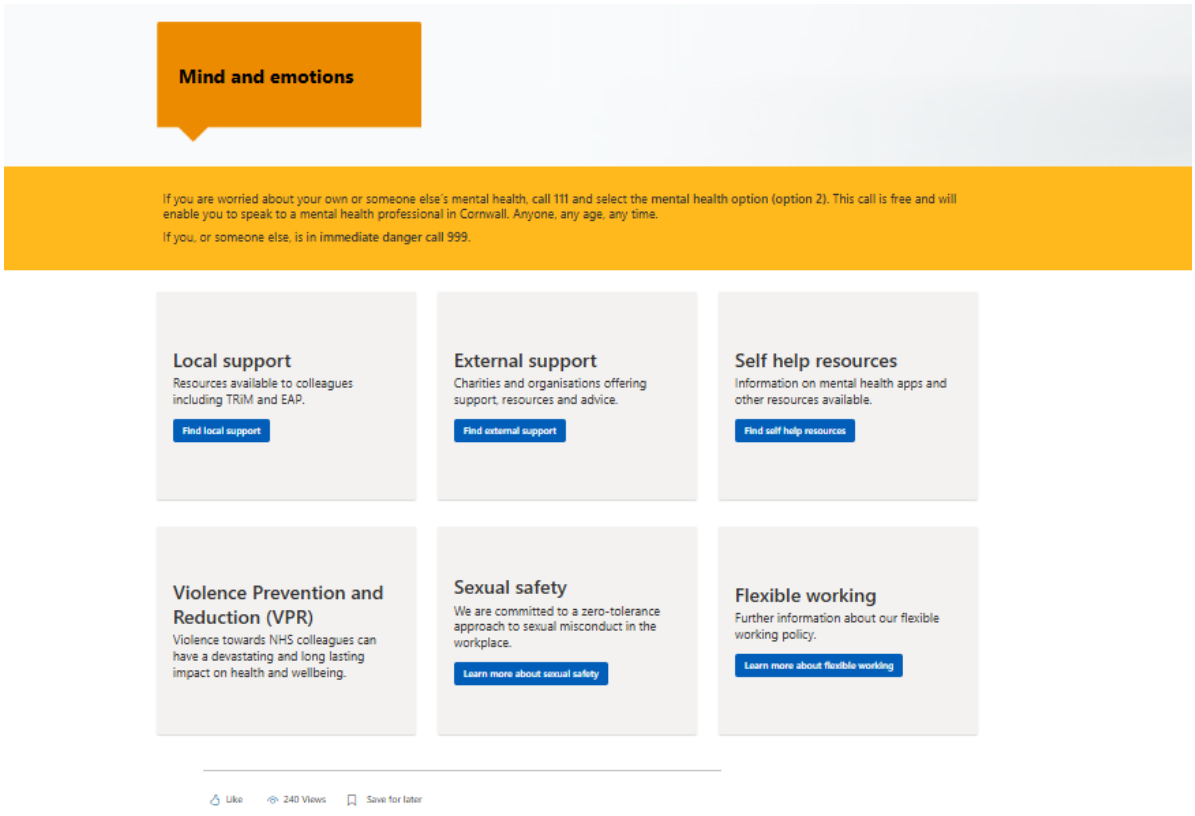
| | | | |
|---|---|---|---|
| AUG 1-28 | Serve & Protect Credit Union Financial Webinars<br>Fri, 1 Aug, 00:00 | AUG 1-29 | Wellbeing Events run by Neighbourhoods for Change<br>Fri, 1 Aug, 11:00 |
| AUG 13 | Menopause & Mental Health Workshop by Healthy Cornwall<br>Wed, 13 Aug, 11:00 | AUG 20 | Understanding & Managing Stress<br>Wed, 20 Aug, 11:00 |
| SEP 1 | Mindfulness Taster Session<br>Mon, 1 Sept, 13:00 | SEP 2 | Mindfulness, Meditation and Sleep Education<br>Tue, 2 Sept, 10:00 |

**Wednesday 30 July 1.00 to 1:30 pm – Webinar**
**NHS Southwest Financial Wellbeing Network (Money Helper)**
Click Here **to visit our SharePoint Events page with the link to join.**
The topic for this webinar will be Family Children Baby Finances – how to save money. The session will also be recorded and made available to you afterwards on our SharePoint site. Also see the latest newsletter attached with a focus on Family Finances.

**13 August** – **Menopause & Mental Health workshop** by Healthy Cornwall 11am to Midday – Virtual – Click Here to book your place

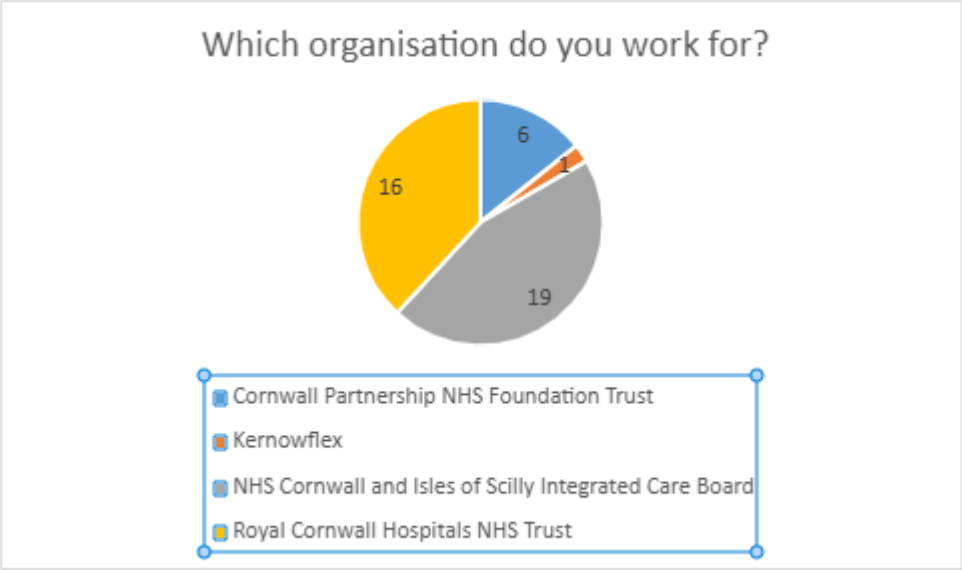
**20 August** – **Understanding & Managing Stress Workshop** from Healthy Cornwall. 11am to Midday - Cornwall - Virtual – Click Here to book your place

**20 August – 11 to 2pm at 'The Royal' RCH - WorkWell drop-in**
WorkWell is a work and health coaching service, providing tailored support based on 'what matters to you' coaching conversations. The service provides telephone, Teams or face to face work and health support interventions that can support those with health conditions and/or disabilities to stay and succeed in work. Flyer with more information is attached.

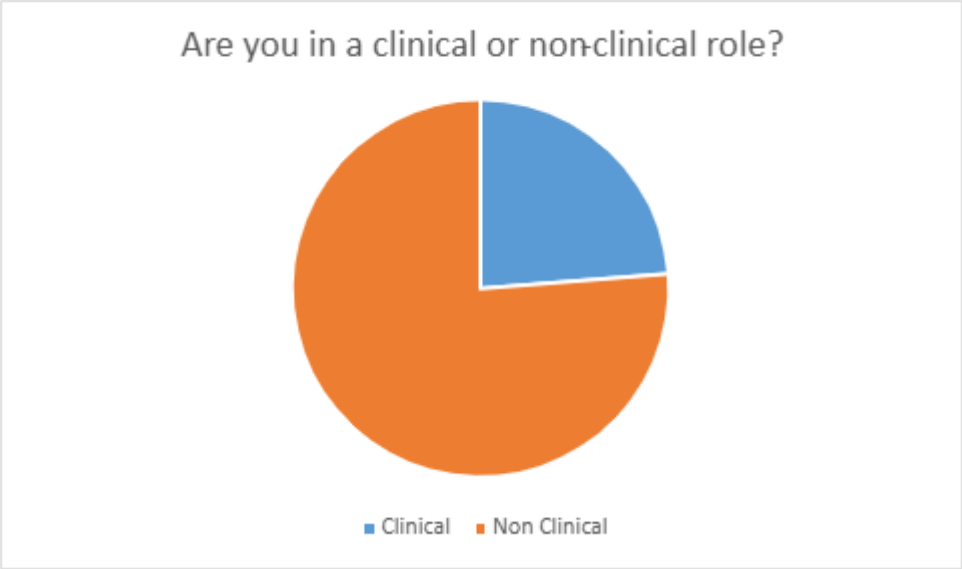

Mind and emotions
If you are worried about your own or someone else's mental health, call 111 and select the mental health option (option 2). This call is free and will enable you to speak to a mental health professional in Cornwall. Anyone, any age, any time.
If you, or someone else, is in immediate danger call 999.
Local support
Resources available to colleagues including TRiM and EAP.
Find local support
External support
Charities and organisations offering support, resources and advice.
Find external support
Self help resources
Information on mental health apps and other resources available.
Find self help resources
Violence Prevention and Reduction (VPR)
Violence towards NHS colleagues can have a devastating and long lasting impact on health and wellbeing.
Sexual safety
We are committed to a zero-tolerance approach to sexual misconduct in the workplace.
Learn more about sexual safety
Flexible working
Further information about our flexible working policy.
Learn more about flexible working
Like
240 Views
Save for later

# Appendix 2

**Results from staff survey on wellbeing support**




**. Changes in Scores Between 2024 and 2025 (All Organizations)**
**Average ratings for support on conditions (scale: 0 = poor, 3 = excellent):**

| Condition | 2024 Avg | 2025 Avg | Change |
|---|---|---|---|
| Asthma | 1.33 | 1.75 | +0.42 |
| COPD | 1.39 | 1.67 | +0.28 |
| Diabetes | 1.63 | 1.86 | +0.22 |
| Obesity | 0.83 | 1.09 | +0.26 |
| Mental health conditions | 1.43 | 1.68 | +0.25 |

**Key insight:**
**All conditions show improvement in perceived support, with Asthma seeing the largest positive change (+0.42). Mental health support improved slightly but remains a priority area.**