

# NHS Equality Delivery System 2025-26: Patients

## EDS Reporting Template

### Areas of focus:

#### 2025-26

- 1a: Diagnostics – assessment completed score: 11
- 1b: Phlebotomy – assessment completed score: 6
- 1c: The Accessible Information Standard – assessment completed score: 9

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# Equality Delivery System for the NHS

## *The EDS Reporting Template*

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

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

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

## NHS Equality Delivery System (EDS)

<b>Name of Organisation</b>	<b>The Princess Alexandra Hospital NHS Trust (PAHT)</b>	<b>Organisation Board Sponsor/Lead</b>		
		Giovanna Leeks – Chief People Officer		
<b>Name of Integrated Care System</b>	Herts & West Essex ICS			

<b>EDS Lead</b>	Shahid Sardar		<b>At what level has this been completed?</b>	
			<b>*List organisations</b>	
<b>EDS engagement date(s)</b>	17.11.2025 12.12.2025		<b>Individual organisation</b>	PAHT
			<b>Partnership (two or more organisations)</b>	The Patient Panel HealthWatch Essex
			<b>Integrated Care System-wide*</b>	HWE ICS

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

Completed actions from previous year	
Action/activity	Related equality objectives
<p><b>This action completed action list relates to 2024-25</b>  The services rated in those years were:</p> <ul style="list-style-type: none"> <li>• Children and young people</li> <li>• Maternity</li> <li>• Outpatient Department</li> </ul> <p><b>Children and young people</b></p> <ul style="list-style-type: none"> <li>• Providing free parking for parents of babies on the neonatal unit.</li> <li>• Allowing siblings to spend as much time as possible with the baby in the NICU (within a two-visitor-at-a-time policy).</li> <li>• Working closely with families from the moment of diagnosis onwards in the paediatric diabetes service, providing continued advice and support.</li> <li>• Making a specialist nurse available to provide advice outside of appointments for parents or children concerned about diabetes management.</li> <li>• Organising a school visit for local children to tour hospital departments (phlebotomy, pharmacy, children’s emergency department), explore an ambulance, meet staff in different roles, participate in role play, and ask questions about hospital treatments and healthcare roles.</li> <li>• Developing and distributing a survey to children, young people, and adults to gather feedback on the hospital menu.</li> <li>• Using hundreds of survey responses to develop a new hospital menu suited to the community.</li> <li>• Obtaining feedback from children using the “Tops and Pants” method, currently displayed outside Dolphin ward (with plans to roll it out in Children’s ED).</li> </ul>	

<ul style="list-style-type: none"> <li>• Giving parents paper Monkey surveys to complete (if they wish) for each child's admission on Dolphin ward, then displaying responses on a board.</li> <li>• Asking for feedback from parents towards the end of their baby's stay in the neonatal unit (usually after parent craft sessions and before discharge).</li> <li>• Collating neonatal unit parent feedback and sharing it with staff, including it in governance meetings, and using it to update the "You said, we did" board displayed in the neonatal unit.</li> </ul>	
<p><b>Maternity</b></p> <ul style="list-style-type: none"> <li>• Conducting ongoing MBRRACE awareness sessions.</li> <li>• Running an ongoing Trust outreach programme most recently working with asylum seekers housed in hotels in Epping.</li> <li>• Transforming the MVP (Maternity Voices Partnership) to now include neonates.</li> <li>• Appointing a Consultant Midwife for service development.</li> <li>• Planning and rescheduling events with African community groups (including the Ghana Union), taking place throughout the year with the latest event in January 2026 with Black and Being Essex.</li> <li>• Holding a Maternity Black History Month Celebration.</li> <li>• Attending/participating in Stort Pride.</li> <li>• Implementing a Programme for Equity and Equality.</li> <li>• Conducting GC1000 research and group model services.</li> <li>• Carrying out local social media survey to gather results.</li> <li>• Making changes based on wayfinding feedback.</li> <li>• Conducting walkabouts led by an Executive Safety Champion and Non-Executive Safety Champion.</li> <li>• Working on smoking cessation, resulting in a decrease in smoking at time of birth.</li> </ul>	

<ul style="list-style-type: none"> <li>• Maintaining a public PAHT West Essex Padlet covering topics such as booking your appointment, where to have a baby, staying healthy, smoking, blood tests and scans, trusted apps and sources, and pelvic health.</li> </ul>	
<p><b>Outpatients</b></p> <ul style="list-style-type: none"> <li>• Implementing the ENVOY Text messaging systems to gather data on experiences of waiting patients.</li> <li>• Working with voluntary sector partners to call over 4000 patients who are on long wait lists to identify any support and assistance needed as part of a Herts and West Essex ICB partnership.</li> <li>• Providing the Patient portal for patients to access current clinical correspondence, test results, and patient letters with 45,000 signed up in the first 9 months led by Patient Experience and ICT.</li> <li>• Improving response times, answering over 300 calls per day in the OPD department to support patient confidence and reduce waiting times for calls (from 40-50 minutes to an average of 6 minutes).</li> <li>• Operating outpatient clinics across multiple sites, covering a number of specialties (including paediatrics, elderly care, general surgery, breast, oncology, and minor ops).</li> <li>• Delivering outpatient services to more than 300,000 patients per year (with healthcare support workers as an integral part of the team).</li> <li>• Supporting patients attending clinics for regular follow-up through the active research &amp; development Team, especially within Rheumatology, Dermatology, Gastroenterology, and Oncology Services.</li> <li>• Building on the opening of the purpose-built fracture clinic in Harlow with the introduction of a Community Diagnostic Centre in Epping in Summer 2026 and a Phlebotomy Services in The Harvey Centre in Spring 2026.</li> </ul>	

## 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

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

# Service A: Diagnostics

Domain 1(a): Commissioned or provided services: Diagnostics				
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	<p><b>Overall feedback: In agreement with assessment of diagnostics</b></p> <p>Access to Diagnostics is being strengthened through several major programmes that directly address unwarranted variation and barriers faced by groups with protected characteristics.</p> <p style="text-align: center;"><i>“On time appointment very pleasant staff”</i> 25/10/2025</p> <p style="text-align: center;"><i>“It was a very easy straight forward appointment.”</i> 22/10/2025</p> <p style="text-align: center;"><i>“Could not fault anyone or anything.”</i> 22/10/2025</p> <p>The Trust is establishing a Community Diagnostic Centre (CDC) in Epping to expand local capacity for imaging, cardiology, respiratory diagnostics and phlebotomy. This development is informed by health inequalities data, including the higher prevalence of long-term conditions, lower levels of car ownership and travel barriers in West Essex communities. Locating the CDC in Epping provides an additional and more geographically accessible site beyond the main Harlow hospital location, supporting earlier diagnosis for underserved groups through reduced travel time, extended opening hours and increased availability of same-day appointments.</p> <p><i>“The service that was provided. Was quick, efficient &amp; understanding. The Doctor and HCA were polite and friendly, nothing was to (sic) much trouble. Explained the process in layman’s term so that I would understand. Once</i></p>	3	ADON/ ADOP CSS

		<p><i>the procedure start they explained everything step by step. They made me feel comfortable and at ease.”</i> 16/10/2025</p> <p>Diagnostics access is also supported through pathways that ease pressure on the acute front door. The Hospital at Home model enables earlier step-down from the Emergency Department and inpatient settings, reducing the need for hospital-based diagnostics for clinically stable patients and improving access to scheduled diagnostics for those who need them most. This service operates with multidisciplinary oversight and shared data with community partners, ensuring equality considerations are embedded within the process.</p> <p>OPAL (Older people’s Assessment and Liaison) and Same Day Emergency Care (SDEC) and wider improvements to Emergency Department flow have increased timely access to diagnostics for patients presenting acutely. SDEC provides rapid access to imaging and point-of-care testing, reducing delays for older people, patients with disabilities and those with complex needs who are disproportionately affected by long waiting environments. These improvements reduce breaches and improve equitable access to urgent diagnostics.</p>		
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**OPAL Ward involvement in improvements in patient information in November 2025**

Elective diagnostic performance improvements, including targeted waiting list validation and clinically led prioritisation, are used to identify patients at higher clinical risk or those who may experience disadvantage (for example due communication needs, long-term conditions or mobility issues). Joint planning between Diagnostics, Operations, Population Health and community partners ensures these pathways are sensitive to inequalities and actively managed.

The Waiting Well list validation process which began in October 2025 has also partnered with the ICB to make calls to over 4000 patients who are awaiting elective care and has identified three key issues we will be working on, these include access to equipment and aids, mental health and pain relief.

Surgery and critical care – question re how the feedback that has been provided – how it is being responded to. How do we ensure that those with protected characteristics are specifically supported.

		<p>Assessment: The evidence shows the service is achieving, with proactive work underway to expand access, reduce variation and address health inequalities. More systematic equalities reporting will be required once the CDC becomes operational and this could move this assessment to excelling.</p>		
	<p>1B: Individual patients (service users) health needs are met</p>	<p>Diagnostics demonstrates systematic efforts to meet patients' health needs through inclusive engagement, service planning, updated clinical guidance and outreach activity.</p> <p>The planned Community Diagnostic Centre (CDC) in Epping has been developed with input from local people, stakeholders and community partners, ensuring the design and location respond to population health needs and reduce barriers for underserved communities. A series of CDC visits for local people and partners—including representatives from the NHS Confederation, local councillors and Integrated Care Board leaders—helped shape services to reflect the diagnostic needs of diverse populations close to where they live.([pah.nhs.uk][1])</p> <p>Future models of care will be a more consistently seven-day service. Patients have fed back: <i>"Would be good for the future if more appointments could be done on weekends." [8/12/2025]</i></p> <p>Recent engagement activities have brought diverse community groups into the Radiology service. Local schoolchildren visited the radiology department to learn about imaging services, supporting understanding and positive relationships with healthcare.</p> <p>Members of Razed Roof, an inclusive performing arts group, also visited Radiology and received presentations from a Radiographer and a Radiologist, enabling tailored discussions about imaging pathways and addressing potential anxieties or access requirements. These activities help ensure service pathways are explained in accessible ways and that care delivery considers differing communication needs.</p>	<p>3</p>	



Clinical practice is supported by up-to-date guidance, including the new Inclusive Pregnancy Status Guidelines for Ionising Radiation: Diagnostic and Therapeutic Exposures, which improve safety and equity for pregnant patients requiring imaging.

Population-level needs are addressed through proactive outreach, including the mobile breast screening programme. Women across a range of geographies are invited to access the mobile breast screening unit in locations such as Epping, Ongar, Abridge and Dunmow, increasing access for those who might otherwise face travel or time barriers.([pah.nhs.uk][2])



Women who are registered with the following GP surgeries are invited to attend breast screening at a mobile breast screening unit, which will be based at The Princess Alexandra Hospital in Epping, from 18 December to 3 February 2026.

- Ongar Health Centre
- Abridge Surgery

The Trust has also shared its broader approach to evolving local healthcare with residents at public community events, strengthening transparency about how diagnostics and related services will meet local health needs. ([pah.nhs.uk][3])

**Assessment:**

The evidence demonstrates that individual patients' health needs are being proactively assessed and met through service design, inclusive clinical guidance, community engagement and targeted outreach.

[1]: <https://www.pah.nhs.uk/news/hospital-welcomes-visitors-to-community-diagnostic-centre-cdc-as-plans-to-support-quicker-and-more-local-access-to-diagnostic-tests-and-treatment-take-shape/> "Hospital welcomes visitors to Community Diagnostic Centre (CDC) as plans to support quicker and more local access to diagnostic tests and treatment take shape - The Princess Alexandra Hospital NHS Trust"

[2]: <https://www.pah.nhs.uk/news/women-living-in-ongar-and-abridge-to-be-invited-to-access-breast-screening-mobile-unit-in-epping/> "Women living in

		<p>Ongar and Abridge to be invited to access breast screening mobile unit in Epping - The Princess Alexandra Hospital NHS Trust"  [3]: <a href="https://www.pah.nhs.uk/news/public-invited-to-hear-vision-for-future-of-local-healthcare-at-community-event/">https://www.pah.nhs.uk/news/public-invited-to-hear-vision-for-future-of-local-healthcare-at-community-event/</a> "Public invited to hear vision for future of local healthcare at community event - The Princess Alexandra Hospital NHS Trust"</p>		
	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>Diagnostics services maintain a strong focus on patient safety and the reduction of avoidable harm, supported by clinical governance processes, audit activity and continuous pathway improvement. Imaging, phlebotomy, cardiology and physiological measurement services all operate under established safety standards, including IR(ME)R governance, infection prevention and control requirements, and safe staffing reviews.</p> <p>In Radiology, IR(ME)R compliance is overseen through regular audits, reporting of exposures, structured review of significant events and mandatory training for referrers, operators and practitioners. The service has adopted the new Inclusive Pregnancy Status Guidelines for Ionising Radiation, strengthening protection for women and pregnant patients and promoting consistent, sensitive questioning. Radiologists and radiographers follow established safety checklists for CT, MRI and interventional procedures, supported by incident reporting, case review and reflective learning.</p> <p>The development of the Community Diagnostic Centre (CDC) includes modern imaging equipment with lower radiation doses, and enhanced infection control standards. Early engagement with local people and staff has helped identify accessibility and safeguarding considerations that reduce safety risks for people with disabilities or complex needs.</p> <p>Improved Same Day Emergency Care (SDEC) and ED flow have reduced overcrowding risk, shortened imaging turnaround times and minimised prolonged waits moving from which particularly benefits older people, those living with frailty and people with long-term conditions. The Hospital at Home model enables safe monitoring at home for clinically stable patients who would otherwise require repeat diagnostic interventions in hospital, reducing exposure to hospital-related harms such as infection or deconditioning.</p> <p>Diagnostic services maintain a clear incident reporting culture, with Datix used to record, review and learn from safety concerns. Themes from incidents such as delayed reporting, missed appointments, contrast</p>	<p>3</p>	

		<p>reactions or issues with preparation instructions are addressed through targeted actions, standard operating procedure updates and communication improvements. Equality considerations are integrated into these processes, recognising that communication barriers or additional needs may increase the risk of harm if unaddressed.</p> <p>Safeguarding responsibilities are embedded within all diagnostic areas. Staff receive annual safeguarding training and are supported to recognise risks during imaging or phlebotomy encounters, particularly for children, vulnerable adults and those with communication difficulties.</p> <p>Assessment: Diagnostics demonstrates a mature safety culture with appropriate governance and improvement mechanisms. The service is actively modernising facilities and pathways to minimise risk, and equality considerations are increasingly embedded in safety-related decision-making.</p>		
	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>Patient experience within Diagnostics continues to improve, supported by targeted engagement, pathway redesign and direct feedback opportunities across imaging, phlebotomy and other diagnostic services.</p> <p>Friends and Family Test (FFT) feedback for Radiology and Phlebotomy consistently highlights positive themes including respectful communication, short waiting times, clear explanations and supportive staff. Comments frequently emphasise the professionalism of radiographers and the caring approach of clinical support workers, particularly when assisting patients with mobility needs, sensory impairments or anxiety about procedures.</p> <p><i>“Went to radiology for a head MRI scan this morning was seen on time, felt reassured, staff was really nice, caring and polite. considering I felt nervous by the time I was in the room I felt ok. Thankyou”</i> <a href="https://www.careopinion.org.uk/1138617">https://www.careopinion.org.uk/1138617</a></p> <p>Citizen engagement has strengthened understanding of patient needs and informed staff training on communication and reasonable adjustments, such as this visit from the patient panel earlier this year.</p>	2	



**The Community Diagnostic Centre team hosted a patient panel visit on 4 July 2025 to the new diagnostic centre opening in Summer 2026 at St Margaret's Hospital**

Outreach programmes also support a positive patient experience. Mobile breast screening units located in Epping, Ongar, Abridge and Dunmow provide convenient access and high satisfaction levels, particularly among women who face travel barriers to the main hospital site. The availability of diagnostic services closer to home is repeatedly reflected in positive community feedback.

*“ The staff were excellent, very friendly and professional. I was in and out including X-rays within 2.5 hours. I always think PAH is very good.”*  
13/11/2025

Pathway improvements such as Same Day Emergency Care (SDEC), enhanced ED flow and the Hospital at Home have also contributed to better patient experience by reducing waiting times for urgent diagnostics and minimising unnecessary hospital attendances. Patients receiving care at home through the Hospital at Home consistently report feeling more

		<p>comfortable, more informed and more involved in decisions about their care.</p> <p>The development of the Community Diagnostic Centre (CDC) has included structured engagement with local residents, service users and patient representatives. Feedback gathered during site visits and planning events has reinforced the importance of accessibility, clear signage, calm waiting spaces and appointment flexibility. These insights have been incorporated into the CDC design to support a positive and inclusive patient experience from the outset.</p> <p>Assessment: Feedback and engagement show that patients generally report positive experiences of diagnostic services, supported by staff professionalism, improved pathways and strengthened community-based access. The proactive use of engagement insights demonstrates clear commitment to continuous improvement.</p>		
<b>Domain 1: Commissioned or provided services overall rating</b>			11	

# Service B: Phlebotomy

Domain 1(b): Commissioned or provided services: Phlebotomy				
Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<b>Domain 1: Commissioned or provided services</b>	1A: Patients (service users) have required levels of access to the service	<p><b>Feedback:</b></p> <ul style="list-style-type: none"> <li>• <b>Current service not acceptable service with regard to children’s blood testing – clear intention to improve but we are not there yet.</b></li> <li>• <b>We still have gaps with regard to severe access needs – these are supported but we have examples of poor experience.</b></li> <li>• <b>Lack of privacy remains an issue.</b></li> <li>• <b>More focus needed on the current service, as much of the report focuses on the future.</b></li> </ul> <p>Access to Phlebotomy requires significant improvement and the intention is that through community-based developments and redesigned service models we will address barriers identified by patients and local communities.</p> <p>A major enhancement will be the planned relocation of blood testing services from the previous hospital gym-based site to the Harvey Centre in Harlow, a central shopping centre location with better transport links and increased disabled parking. This move responds to community concerns about the gym environment, which is reported as noisy, crowded and challenging for some patients, including neurodivergent individuals. The Harvey Centre offers a calm, purpose-designed space with improved wayfinding, reduced waiting congestion and easier access for those with mobility needs.</p>	1	HSL (externally contracted) and contract management teams

		<p>The new site provides more phlebotomy bays, increased staffing and extended opening hours, supporting greater capacity and flexibility. Its location within a familiar retail setting also reduces anxiety for many patients and makes the service more convenient for people who struggle with hospital environments.</p> <p>Access is also available in other sites in Epping, Herts and Essex and through anti-coagulation services in community centres which provide additional local provision for residents in West Essex, reducing travel time for patients who require frequent blood monitoring.</p> <p>In future, there is an intention to strengthen through the Community Diagnostic Centre (CDC). Work has begun on engagement with local communities during CDC planning, to enable informed decisions on patient centred issues such as opening hours, reasonable adjustments and appointment flow.</p> <p>At the main hospital, phlebotomy continues to offer extended hours and a mix of walk-in and booked appointments. Wider Trust initiatives such as Hospital at Home and Same Day Emergency Care (SDEC) also improve access by reducing unnecessary hospital visits and enabling rapid blood testing for acutely unwell patients.</p> <p>Health inequalities data, including DNA rates and geographic variation, is reviewed regularly to inform service planning and ensure equitable access across all patient groups.</p>		
	<p>1B: Individual patients (service users) health needs are met</p>	<p><b>Feedback</b></p> <ul style="list-style-type: none"> <li>• <b>A room for paediatrics but shared with neuro diverse</b></li> <li>• <b>No arrangements for the current play leaders we have on site – loss of a valued service</b></li> <li>• <b>The service isn't up and running so we can only assume the benefits of the move</b></li> <li>• <b>No survey or engagement till after the decision was made</b></li> </ul> <p>Phlebotomy services are designed to meet individual health needs through personalised care, integration with wider clinical</p>	<p>2</p>	

		<p>pathways, but there are challenges with regard to environments, staffing and adaptation.</p> <p>The relocation to the Harvey Centre will enable tailored support for patients with sensory, cognitive or mental health needs. Dedicated quiet and sensory-friendly spaces will be provided for autistic patients, individuals with ADHD, people living with dementia and those with anxiety. Staff are trained to offer reasonable adjustments, including extended appointment times, privacy options and clear communication using easy-read materials or interpreters where required.</p> <p>Clinical prioritisation ensures urgent blood tests for cancer pathways, anticoagulation monitoring and complex conditions are completed promptly.</p> <p>Phlebotomy is embedded within Same Day Emergency Care (SDEC) and Hospital at Home models, enabling rapid blood testing for acutely unwell patients and safe monitoring for those managed at home. These pathways ensure timely diagnostics for frail patients and those with long-term conditions, reducing unnecessary hospital visits and improving patient experience.</p> <p>Equality considerations are integrated into service planning, with adjustments for mobility needs, carers and patients requiring sensory regulation. Staff routinely review DNA patterns and feedback to identify barriers and implement targeted interventions.</p>		
	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p><b>Feedback</b></p> <ul style="list-style-type: none"> <li>• <b>Risk of harm remains due to space – this has been documented.</b></li> <li>• <b>Narrow corridors lack of a paediatric area.</b></li> <li>• <b>Potential for overcrowding, effect on staff morale.</b></li> </ul> <p>Phlebotomy services maintain a strong focus on patient safety and harm reduction through robust governance, staff training and continuous improvement, the risks noted above have been logged and are being actively mitigated through HSL the provider.</p>	<p>2</p>	

		<p>All phlebotomy staff are trained in infection prevention and control, venepuncture safety and safeguarding. Mandatory competency assessments ensure adherence to best practice, including correct identification, labelling and handling of samples to prevent errors. The service operates under clear clinical governance structures, with incidents reported and reviewed through Datix to identify trends and implement learning.</p> <p>The current location is not ideal and so a relocation to a major local shopping centre, a five minute walk from the main hospital site is being planned. Blood testing at the Shopping Centre known as "The Harvey Centre" incorporates safety-by-design principles, including improved patient flow, reduced overcrowding, enhanced privacy and compliance with accessibility standards. The environment has been designed to minimise risks for patients with mobility challenges, sensory sensitivities or cognitive impairment, with clear signage, step-free access and dedicated quiet spaces.</p> <p>In its current form, Phlebotomy is integrated into outpatient services, Same Day Emergency Care (SDEC) and Hospital at Home pathways, reducing unnecessary hospital visits and associated risks such as infection or deconditioning. For patients requiring anticoagulation monitoring, the introduction of a community-based warfarin clinic further reduces exposure to hospital-related harms.</p> <p>Safeguarding responsibilities are embedded within the service. Staff receive annual safeguarding training and are supported to recognise risks during appointments, particularly for children, vulnerable adults and those with communication difficulties.</p> <p>Incident reporting and audit processes cover sample errors, adverse reactions and patient feedback. Equality considerations are included in safety reviews to ensure that communication barriers or additional needs do not increase risk as evidenced by patient safety team reports to the Quality and Safety Committee.</p> <p>Assessment: Developing Phlebotomy demonstrates a safety culture with appropriate governance and improvement mechanisms. Relocation to the</p>		
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		<p>Harvey Centre and integration with community pathways will further strengthen patient safety and reduce harm.</p>		
	<p>1D: Patients (service users) report positive experiences of the service</p>	<p><b>Feedback from stakeholders</b></p> <ul style="list-style-type: none"> <li>• <b>Move is welcome but whether that is good has to be seen</b></li> <li>• <b>Community engagement happened after announced</b></li> <li>• <b>No survey done although we offered on more than one occasion to do one.</b></li> <li>• <b>Evidence added – on request to support positive feedback</b></li> </ul> <p>Phlebotomy demonstrates a mature safety culture with appropriate governance and improvement mechanisms. Relocation to the Harvey Centre and integration with community pathways will further Patient experience within Phlebotomy significantly improve the service, community engagement and equality-focused enhancements.</p> <p>Feedback from Friends and Family Test (FFT) and patient surveys consistently highlights a mixed range of themes, the challenges are around environment and waiting times, but with lots of positive themes such as respectful communication, and supportive staff. Patients frequently comment on the professionalism of phlebotomists and the helpfulness of staff in accommodating individual needs.</p> <p>The relocation of phlebotomy services to the Harvey Centre will be welcomed by patients and carers. Patient engagement has signalled that the new environment appears to feel calmer, more accessible and less clinical, reducing anxiety for those who previously found hospital settings overwhelming.</p> <p>Key items to include will be improved signage, step-free access, dedicated quiet spaces and better parking, and will particularly support patients with mobility challenges, neurodivergent individuals and those living with dementia.</p> <p>Community engagement during planning ensures the Harvey Centre design reflects patient priorities, including privacy, reduced crowding and sensory-friendly areas. These changes</p>	<p>1</p>	

		<p>have strengthened confidence in the service, despite it's current location.</p> <p>Mobile and community-based provision, including the CDC in Epping and the community warfarin clinic, has also enhanced convenience and satisfaction by reducing travel time and supporting care closer to home. Integration with Hospital at Home and SDEC pathways further improves patient experience by minimising unnecessary hospital visits and enabling timely blood testing.</p> <p>Assessment Evidence demonstrates that patients generally report positive experiences of phlebotomy services, supported by staff professionalism, and proactive engagement. Continued monitoring of feedback as the move progresses will ensure these improvements are sustained while delivering improved facilities</p>		
<b>Domain 1: Commissioned or provided services overall rating</b>			6	

# Service C: The Accessible Information Standard

Domain 1(c): Commissioned or provided services: Accessible Information Standard				
Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 1: Commissioned or provided services</i>	1A: Patients (service users) have required levels of access to the service	<p><b>Overall feedback: In agreement with assessment</b></p> <p>The Trust has embedded the Accessible Information Standard (AIS) into service design to ensure patients with communication needs can access care equitably. A comprehensive programme of work has been delivered, including:</p> <ul style="list-style-type: none"> <li>• Digital Flag Implementation: A new AIS alert system within the Electronic Health Record (EHR) enables staff to identify, record and act on communication needs. Online training has been launched to ensure staff can recognise and respond to these alerts effectively.</li> <li>• Reasonable Adjustment Framework: A detailed hierarchy of alerts and adjustments has been developed for patient groups including those with hearing or visual impairments, learning disabilities, autism and language needs. Adjustments include British Sign Language interpreters, quiet waiting areas, easy-read materials, and extended appointment times.</li> <li>• Communication Campaign: Posters and guidance have been distributed across clinical areas to raise awareness of AIS and encourage patients to request adjustments.</li> <li>• Environmental Access Improvements: Access audits and Patient-Led Assessments of the Care Environment (PLACE) have informed changes such as lowering hand gel dispensers for wheelchair users and improving signage.</li> </ul>	3	ICT/ Patient Experience Team

		<ul style="list-style-type: none"> <li>• Community Engagement: Public events in Harlow and Bishop's Stortford focused on accessibility, alongside collaboration with dementia cafés and Healthwatch ambassadors to understand barriers and co-design solutions.</li> <li>• Physical and Digital Enhancements: The EHR has been updated multiple times to make AIS alerts visible and mandatory wellness assessments ensure individual needs are captured.</li> </ul> <p>These measures collectively ensure patients with communication needs can access services without disadvantage.</p> <p>Assessment Evidence demonstrates strong compliance with AIS requirements and proactive steps to improve accessibility. Continued monitoring and engagement will sustain progress.</p>		
	<p>1B: Individual patients (service users) health needs are met</p>	<p>The Trust has policies in place to ensure patient communication needs are identified and acted upon as part of personalised care planning. This approach goes beyond general access improvements and focuses on individual adjustments during care delivery. The evidence does not show that there is consistent application and so the rating reflects this gap.</p> <p>Digital Flag and Wellness Assessment: Every patient record includes a mandatory wellness assessment and AIS alert, enabling staff to see specific communication requirements such as preferred language, need for interpreters, or sensory adjustments. These alerts are visible throughout the EHR to ensure continuity of care.</p> <p>Tailored Adjustments: Staff use the Reasonable Adjustment Framework to adapt care for individual patients. Examples include arranging double appointments for patients with learning disabilities, providing quiet spaces for autistic individuals, and using transparent masks for lip-reading patients.</p>	<p>2</p>	

		<p>Communication Support Tools: Patients with complex needs are supported through hospital communication books, easy-read materials, and interpreters (telephone, video or face-to-face). These resources are offered proactively based on recorded preferences.</p> <p>Skilled Conversations: Over 1,200 nurses, midwives and allied health professionals have completed SAGE &amp; THYME training, equipping them to listen effectively, respond empathetically and tailor communication to individual circumstances.</p> <p>Direct Engagement: Patients and carers have shaped improvements through surveys and workshops, ensuring that adjustments reflect lived experience. For example, feedback from dementia cafés and Healthwatch ambassadors has informed how staff approach conversations with patients who have cognitive impairments.</p> <p>Advocacy and Support: Access advocates from ECL CIC assist patients during appointments, ensuring their communication needs are met and understood.</p> <p>These measures ensure that care is not only accessible but also personalised, enabling patients to feel heard, respected and supported in every interaction.</p> <p>Assessment Evidence shows strong examples of AIS principles being implemented, and a clear focus on individualised communication. Continued engagement, consistency of application and monitoring will sustain progress.</p>		
	<p><b>1C: When patients (service users) use the service, they are free from harm</b></p>	<p>The Trust has embedded safety measures into its approach to communication and accessibility, ensuring that patients with specific needs are protected from avoidable harm during their care.</p> <p>Digital Safety Alerts: The Electronic Health Record (EHR) includes mandatory AIS alerts and wellness assessments, making communication needs visible to all staff. This prevents</p>	<p>2</p>	

		<p>errors such as missed interpreter bookings or failure to provide essential adjustments.</p> <p>Reasonable Adjustment Framework: Clear guidance is available for staff on how to adapt care safely for patients with sensory impairments, learning disabilities or cognitive conditions. Examples include ensuring quiet spaces for patients with autism to reduce distress, and using British Sign Language interpreters to avoid miscommunication during consent.</p> <p>Staff Training: Over 1,200 nurses, midwives and allied health professionals have completed SAGE &amp; THYME training, which supports safe, empathetic communication and reduces the risk of misunderstanding that could lead to harm.</p> <p>Environmental Safety: Access audits and PLACE assessments have informed physical changes such as lowering hand gel dispensers for wheelchair users and improving signage, reducing risks linked to mobility and independence.</p> <p>Inclusive Clinical Practice: The Trust has worked with learning disability and autism teams to produce communication tools that help patients understand procedures, reducing anxiety and safeguarding informed consent.</p> <p>Governance and Monitoring: Incident reporting systems include checks for communication-related safety issues, and equality considerations are reviewed in patient safety audits to ensure that adjustments are consistently applied.</p> <p>These measures ensure that patients with communication needs receive care that is safe, dignified and free from harm caused by inaccessible information or inadequate adjustments.</p> <p>Assessment Evidence demonstrates a strong safety culture supported by digital alerts, staff training and environmental adaptations. Continued monitoring and engagement will sustain progress.</p>		
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	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>Patient feedback and engagement activities show that individuals with communication needs report improved experiences when using Trust services, supported by proactive adjustments and inclusive practices.</p> <p>Patient Panel Survey: The Trust's patient panel conducted a survey on communication needs, which informed improvements such as clearer signage, easy-read materials and interpreter availability.</p> <p>Community Engagement: Public events in Harlow and Bishop's Stortford focused on accessibility and communication, enabling patients and carers to share experiences and shape service design.</p> <p>Feedback from dementia cafés and Healthwatch ambassadors has been used to refine approaches for patients with cognitive impairments.</p> <p>Communication Tools: Patients have welcomed the introduction of hospital communication books and easy-read resources developed with learning disability and autism teams, which help reduce anxiety and improve understanding of care processes.</p> <p>Staff Training Impact: Over 1,200 nurses, midwives and allied health professionals trained in SAGE &amp; THYME communication skills have reported greater confidence in supporting patients, and feedback from patients highlights improved listening and empathy during consultations.</p> <p>Digital Enhancements: Updates to the Electronic Health Record (EHR) have made AIS alerts more visible, ensuring that patients' communication needs are recognised and acted upon consistently, which patients have identified as improving their experience of care.</p> <p>Advocacy and Support: Access advocates from ECL CIC have supported patients during appointments, helping them feel understood and involved in decisions about their care.</p>	<p>2</p>	
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<b>Domain 1: Commissioned or provided services overall rating</b>			9	