A renewed commitment to advancing health equity for our patients and communities

Equality objectives for 2023/2024 and 2024/2025

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collaborative.
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Inspected and rated
Good
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Drivers

National

- Elective care recovery programme
- NHSE/I Equality Objectives for 2022/23 & 2023/24
- National enquiries / reports
- NHS Long-term Plan
- NHS Operating Plan

System

- Integrated Care System
- Acute provider collaborative
- ICB Independent Equality Advisory Board
- Bristol Race and Health Equity Group

UHBW

- Our values
- Patient First
- Independent baseline review
- Quality Priority
- Community Anchor Organisation
- Contract and Quality schedule

Framework and Standards

- Core20Plus5
- Accessible Information Standard
- Equality Delivery System 2022
- Care Quality Commission Single Assessment Framework
- Equality Act 2010

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Evidence base

- Independent EDI baseline review for patients and communities (Board approved all recommendations at seminar in July 2022)

- The experience of our patients, carers and communities

- Patient safety incident themes and trends

- Insights and concerns raised by our staff and our leaders

- Data on access to our services and outcomes of care

- Gap analysis of our processes

- Feedback from partners in the VCSE

- Quality Risks

- System (ICS) priorities

- Health Equity strategies from regional and national organisations

- A stock-take on what we can directly control (as a provider) and what we need to proactively contribute to as part of the local healthcare system

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The impact of health inequalities

- Significant differences in life expectancy
- Avoidable variation in mortality
- Avoidable variation in health outcomes
- Avoidable variation in harm and safety
- Increased risk of long term health conditions
- Increased risk of mental ill health
- Poor access to and experience of health services
- Exacerbated by the Covid-19 pandemic

Black and Asian women have a higher risk of dying in pregnancy

White women		8/100,000
Asian women	2x	15/100,000
Mixed ethnicity women	3x	25/100,000
Black women	4x	34/100,000

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Our Vision

"Exceptional quality healthcare for all through equitable access, excellent experience, and optimal outcomes"

Note this is in line with NHSE/I Core20Plus5 framework vision

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Our Equality Objectives

(for patients and communities)

1. Improve access to, experience of and outcomes from our services
by removing communication barriers that exist, mitigating against digital exclusion, providing information that is accessible and engaging those at the greatest risk of poorer health outcomes.

2. Collaborate with the Integrated Care Partnership to tackle health inequalities
by proactively collaborating with our ICS partners on shared health equity priorities, including the elective care recovery programme, and maximising our role as a Community Anchor to improve health outcomes.

3. Foster organisational capability, creating the foundation to drive forwards our health equity programme
by embedding a focus on health equity in our culture and structures, aligning and maximising the value our EDI resource and approaches (working towards integration), harnessing the deployment of Patient First to drive continuous improvement, and creating a governance framework that ensures visibility and action on Health Equity priorities from front-line to Board.

4. Build the confidence and skills of our people to meet the needs of our diverse patient population
by developing a dynamic learning and development programme that focuses on EDI and Health Equity and in doing so, building knowledge, awareness, skills and confidence in our workforce to meet the health needs of our diverse communities.

5. Develop patient EDI data and intelligence to inform planning and priority setting
by strengthening the processes and systems relating to the collection and use of EDI data/intelligence in order to inform and drive operational planning, service delivery and quality improvement.

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1. Improve access to, experience of and outcomes from our services for our diverse communities

1.1. Meet the communication needs of our patients with a disability or sensory loss by delivering the Accessible Information Standard (AIS) implementation plan.

1.2. Strengthen the quality of our translating and interpreting (T&I) provision through the delivery of the Translation and Interpreting services communications plan and re-procurement of our external supplier together in partnership with ICS providers.

1.3. Develop a community outreach programme in collaboration with partners in the Voluntary and Community sector to better understand and improve the experience of marginalised communities.

1.4. Ensure that patients and carers from diverse groups can share their feedback with the Trust by improving the accessibility of our complaints and routine survey processes.

1.5. Create the Trust's new external website with the diverse communication needs of our population in mind, providing an accessible digital platform for health advice and key information on services.

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Bristol and Weston**

NHS Foundation Trust

2.1. Work in partnership with the system to ensure an inclusive elective care recovery programme that priorities those groups who experience the poorest health outcomes.

2.2. Collaborate with our ICS partners on shared health equity priorities informed by the Core20Plus5 framework.

2.3. Contribute to a system approach to completing the Equality Delivery System (EDS 2022) self-assessment.

Healthier **Together**

Improving health and care in Bristol, North Somerset and South Gloucestershire

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3. Foster organisational capability, creating the foundation to drive forward our health equity programme

3.1. Establish a new governance structure for our work on tackling health inequalities that provides reporting on both quality and performance aspects to Board via appropriate committees.

3.2. Harness the deployment of the Patient First approach as a crucial opportunity to integrate actions throughout the Trust that advance health equity for our patients and communities.

3.3. Ensure that change is recognised as an opportunity to advance equality for patients by embedding the system Equality and Health Inequalities Impact Assessment (EHIA) tool for key strategies, policies and as a fundamental part of our transformation programme.

3.4. Co-design an integrated patient and workforce EDI strategy 2025 – 2030 with our people, patients, carers and communities (to be approved and in place by April 2025 - see final slide).

3.5. Explore opportunities to align EDI resources that sit within the Experience of Care & Inclusion and Organisational Development teams to maximise expertise and add value in our approaches across patient and workforce EDI.

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4. **Build the confidence and skills of our people** to meet the needs of our diverse patient population

4.1. Develop a dynamic training programme for EDI, working collaboratively across the patient and workforce agendas, that provides a range of learning opportunities for our people to give them the confidence and skills to meet the needs of our diverse communities.

4.2. Encourage a focus on health equity in service delivery by continuing to grow the EDI Action Learning Set which provides a platform for staff in each Division to collaborate, be supportive and share learning with colleagues across UHBW on projects that tackle health inequalities.

4.3. Explore how the expertise that exists within staff networks and the EDI Advocate programme could support the delivery of our equality objectives for patients and communities.

4.4. Provide a range of interactive patient EDI and Health Equity resources for our workforce available via Connect.

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5.1. Improve the completeness of ethnicity, disability status and communication needs recording on CareFlow to build an accurate profile of our patient population.

5.2. Continue to develop a suite of patient EDI business intelligence / dashboards that supports monitoring in priority areas (i.e. segmentation of the waiting list by Indices of Multiple Deprivation and Protected Characteristic groups).

5.3. Triangulate datasets on patient activity, access, experience, safety and outcomes to support priority setting and more informed decision making at Trust and Divisional level.

5.4. Integrate patient EDI intelligence and insight into routine quality and performance reporting for Divisions, SLT, Quality & Outcomes Committee and Board.

5.5. Collaborate with partners in the ICS to enable data sharing so that information can be asked once and be available at all "touchpoints" in a patient's journey.

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	2023	2024	2025	2026

ent & People
tegration Plan

Phase 1

le and patient EDI governance
strategies

aboration as a 'hybrid' EDI
ngly working together and align
s e.g. workforce training,
amending EDI policy,
e of EDI advocates

★ **Feb 2023:** Draft Health Equity Delivery Plan objectives were approved by CQG

★ **27th March 23:** New governance group starts for Health Equity (patients & communities)

★ **29th March 2023:** Final draft Health Equity Delivery Plan 2023 - 2025 to go to QOC

★ **Continuation** of People EDI strategic action plan monitored by EDI Steering Group

Phase 2

sh and deliver integrated EDI
ngle EDI governance

sing a collaborative approach
with colleagues,
c and community partners
rella of the existing Trust-wide

★ **July 2024 to December 2024:** Co-design integrated EDI strategy 2025 - 2030

★ **Jan – March 2025:** Sign off integrated EDI strategy 2025 - 2030 & design single EDI governance structure

★ **April 2025:** Launch and deliver integrated EDI strategy 2025 - 2030 supported by new integrated EDI governance structure

Phase 3

g EDI into core business for

need for a specific EDI
cture (i.e. EDI is explicitly
xisting Trust governance)
EDI people and patient teams

★ **2026/27 onwards:** Mainstreaming EDI strategy into core business