NHS England

NHS Equality Delivery System 2022
University Hospitals Bristol and Weston Trust

Version 1, 15 August 2022

Contents

Equality Delivery System for the NHS

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

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

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

NHS Equality Delivery System (EDS)

Name of Organisation	University Hospitals Bristol and Weston Trust	Organisation Board Sponsor/Lead	
		Emma Wood, Chief People Officer and Deputy CEO	
Name of Integrated Care System	BNSSG		

EDS Lead	Oonagh McNeil, Head of Engagement & People Equality Diversity and Inclusion Lead	At what level has this been completed?	
EDS engagement date(s)	February 2024	Individual organisation	University Hospitals Bristol and Weston Trust

Date completed	February 2024	Month and year published	April 2024
Date authorised	April 2024	Revision date	February 2025

Completed actions from previous year	
Action/activity	Related equality objectives
Not applicable	

EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below

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

Maternity Domain 1: Commissioned or provided services

Outcome	Evidence	Rating	Owner (Dept/Lead)
1A: Patients (service users) have required levels of access to the service	- Introduction of Birmingham Symptom Specific Obstetric Triage System (BSOT's) and planned dedicated Triage department. - Personalised care planning of individualised care needs offers women and birthing people choice and works with them in how their care is planned. Based on 'what matters' to them, individual needs and preferences. Incorporated personalised care and support plans into BadgerNet but paper copies available to prevent digital exclusion. - Four targeted 'midwifery continuity of carer' teams aimed at women and birthing people from ethnic minorities and areas of high deprivation. - Enhanced continuity in an area with a high population of BME women and birthing people working with the community to improve access to services and reduce late booking. - Collaborating with 'Black Mothers Matter' to pilot an antenatal education programme specifically for black women. - To support the community in Weston, where there is a high level of deprivation, the Trust provides Consultant community clinics, which are	2	Sarah Windfeld Director of Midwifery and Nursing for Women's services at UHBW

	specialist clinics targeting Diabetes, Preterm labour and perinatal mental health. The trust provides access services to Bristol via a bus service which is provided between sites. There is assistance with costs out of hours. • IDVA (Independent Domestic Violence Advisor) service based at St. Michael's. • Centralised booking system, available in other languages. • Midwifery led care and inclusive home birth service. • Interpreting service available 24hrs a day. • Can accommodate special tours and birth planning for those with e.g., learning disabilities. Also offer a pictorial advice guide for those with reading/language needs. • Targeted work with the refugee population. • Did Not Attend guideline/policy to reduce poor access to services.		
1B: Individual patients (service users) health needs are met	As above. • Personalised care plans and tours and birth planning for those with other needs. • Partners allowed to stay overnight for support. • Provision of specialised care by dedicated midwives e.g., bereavement, drug misuse, teenage pregnancy, mental health.	2	Sarah Windfeld Director of Midwifery and Nursing for Women's services at UHBW

	• Bariatric equipment and training provision. • Dedicated safeguarding team. Support and pathways in place for surrogate pregnancy. • Maternal medicine network specialism providing specialist for women e.g., cardiac disease. • Treating tobacco dependency team to reduce smoking as per SBLCB3. • Transitional care provision working closely with NICU. Neonatal community team. • Provision of antenatal, intrapartum and postnatal care based on NICE guidance.		
1C: When patients (service users) use the service, they are free from harm	• Patient quality and safety team working closely as part of a multi-disciplinary perinatal team. • Mortality and morbidity reviews. • PMRT (Perinatal Mortality Review Tool) tool in place and compliant. • Work closely with BNSSG LMNS (Local Maternity and Neonatal Systems). • Culture of high level of incident reporting, reviewing and learning. • Safety champions in place at board and operational level. Regular safety walkabouts. • CQC rating good and achieved all MIS (Maternity Incentive Scheme) and SBLCB (Saving Babies' Lives Care Bundle').	2	Sarah Windfeld Director of Midwifery and Nursing for Women's services at UHBW

	• Training in obstetric emergency, safeguarding and foetal wellbeing. • Complaint response reviews with MNVP (Maternity and Neonatal Voices Partnerships) involvement.		
1D: Patients (service users) report positive experiences of the service	• Patient experience group correlating feedback and forming action plans based on MNVP feedback, friends and family and patient surveys. • New collaboration with MNVP held meeting. • Actively sought feedback from ethnic minority communities and working within the Black Maternity Matters project. • Monthly survey, national maternity survey and "you said we did". • Monitor complaints and themes and create action plans around these.	2	Sarah Windfeld Director of Midwifery and Nursing for Women's services at UHBW

Communications Domain 1: Commissioned or provided services

Outcome	Evidence	Rating	Owner (Dept/Lead)
1A: Patients (service users) have required levels of access to the service	**Understanding the experience of patients and carers** UHBW believes that it essential to listen to the experiences of patients and carers who use our services. UHBW has a comprehensive feedback programme in place to capture views of the care we provide. We use this information to ensure that we are providing a high-quality service and to prioritise and carry out improvements where needed. There are a number of channels through which people can give us feedback including paper, in person and digital methods, including: • PALS and Complaints process • The Friends and Family Test survey • A comprehensive post-discharge patient survey programme • Comments cards • Via the NHS Choices website	2	Patient Experience and Involvement Team

The Experience of Care & Inclusion team helps to ensure that the patient and carer voice is central to the Trust's work and that there are processes in place to collect, understand and use feedback about our services. The team also help staff to carry out their own survey and involvement projects in their local departments and wards.

Patients, carers and members of the public are invited to be involved wherever decisions are taken about care in the NHS. There are many ways that patients and public can get involved in the Trust and its activities:

- Joining us as a Foundation Trust Member
- Joining us as a UHBW Volunteer
- Joining as a public representative on a committee / steering. working group (for example the Women's Experience Group which aims to improve the experience in Maternity and Women's Services)
- Taking part in patient and carer focus groups and other discussions
- Joining our 'Involvement Network'
- Joining our 'Youth Involvement Group'

Accessibility

AccessAble

	We have worked with AccessAble to create [detailed access guides](#) to facilities, wards, and departments at our hospital sites. The guides help patients and visitors plan their journeys to and around the hospitals, covering everything from parking facilities and hearing loops, to walking distances and accessible toilets. We know everyone's accessibility needs are different, which is why having detailed, accurate information is so important. All of the details you'll find in the guide have been checked in person, on site, by trained surveyors.		
1B: Individual patients (service users) health needs are met	Accessible Information Standard It is important that patients receive information that they can understand and we can communicate accessibly regarding their care and treatment. • Patient information leaflets in alternative formats. We provide information leaflets in a range of formats to meet individual needs, for example, leaflets, audio files, Braille and written translation • CareFlow Patient letters in alternative formats. CareFlow generated letters are available in different formats, e.g. large front, contrasting colours, etc; as well as Braille, audio and others Automated appointment letters. When a patient requires letters in an	2	Patient Equality, Diversity and Inclusion

alternative format, the supplier of automated appointment letters (Synertec) produces information in this format when they send letters out to patients.

- Translation of other patient-facing documentation in available via our external supplier.

- Hospital passports support the care of children and adults with a Learning Disabilities and/or those with Autism when going to hospital, providing staff with information about the patient and their carers.

- Hearing loops are available

Translating and Interpreting

UHBW is committed to meeting the communication needs of our patients and their carers. Through our range of translating and interpreting services, including face-to-face, telephone, and video, every patient should have this support available during their inpatient stay, attendance or appointment. Our intranet site for staff contains information about how to access translating and interpreting services, along with guidance on meeting people's accessible information requirements.

UHBW has approved providers of translating and interpreting services that staff use when patients require support:

- Spoken language interpreting, including telephone interpreting and face to face interpreting
- Support for people who are deaf or hard of hearing, services, including British Sign Language (BSL), lip speakers, speech-to-text operators, and lip reading
- Written translation services. The Trust's provider of translating services, can translate leaflets, patient letters and other documentation written in English into a huge range of languages, including Braille or from other languages into English.

University Hospitals Bristol and Weston has two separate services covering adults with learning disabilities (LD) and autistic spectrum disorders (ASD), and children with disabilities and complex needs.

Adults (all hospitals in UHBW where over 18's are cared for)
The role of the Learning Disabilities Liaison Nurse (LDLN) is to provide safe and good-quality health care for people with LD and ASD who need to access acute services to meet their health care needs. The nurses have a high level of expertise and understanding of the needs of people with learning disabilities and their families and carers. The nurses are skilled in co-ordinating the patient's journey to make sure they get the care they need from pre-admission assessment to admission, while they're in hospital, to post discharge. In addition

to this the LDLN provides support for acute staff and managers to ensure that staff are able to provide appropriate care to meet the needs of people with LD and ASD in their care. The LDLN provide training for staff in the hospitals in meeting the needs of people with LD and/or ASD, support reasonably adjusting hospital services to meet the needs of patients with LD and/or ASD, and lead on the LeDeR process – Learning Disability Mortality Review (LeDeR) Programme.

Children (all hospitals in UHBW from 0-18)
UHBW's EDI team and the Staff Networks collaborate in developing schemes to be welcoming and understanding of disadvantaged minorities. The Trust and ABLE+ Staff Network, offers Hidden Disabilities Sunflower Lanyards to encourage inclusivity, acceptance and understanding of disabilities, conditions or chronic illnesses that are not immediately obvious to others. The Trust and LGBTQIA+ Staff network offer rainbow badges for staff to wear as a way to show that this is an open, non-judgemental and inclusive place for people that identify as LGBTQIA+ patients of all ages, their families and friends, and staff.

UHBW's EDI team, the Staff Networks and Communications team have a calendar to promote activities and celebrations such as Black History Month, Disability History Month, Women's Day, etc. Celebrations are held online and in situ welcoming participation of staff and public.

	UHBW's EDI advocates network can raise issues and topics identified in their teams and areas of work, offering another communication stream to patient's concerns.		
1C: When patients (service users) use the service, they are free from harm	The Patient Advice and Liaison Service (PALS) and Complaints Team aims to resolve any concerns, queries or questions that our patients, their families or members of the public raise with us about our Trust. There is a variety of ways in which patients can contact the Trust so they can use the method that suits them best: • Complete an online enquiry/concerns/compliment form • Write to PALS and Complaints Team • Telephone • Email • In person Patient Safety Incidents are logged on the Trust's Datix system and all staff are trained in how to raise incidents. Increasingly analysis of patient safety incidents is taking place through and equality lens, i.e. are incidents more likely for some patient groups, including for those with specific communication needs arising from a disability, sensory impairment or spoken / non-spoken language need.	2	PALS and Complaints Team

	The UHBW Freedom to Speak Up process creates a confidential and safe route for staff and volunteers to raise concerns where they think something at work is wrong, negligent, improper, or illegal. Some examples of types of concerns may include: the behaviours of colleagues or managers, concerns about how care is delivered, about the working environment, or about the application of policy and whether this is fair.		
1D: Patients (service users) report positive experiences of the service	The 'Patient Feedback Hub' brings together the majority of patient feedback sources in to one system called IQVIA. The purpose of the Patient Experience Hub is: • To give visibility of patient feedback to wards and departments across the Trust in as real time as possible • To provide a platform to analyse patient feedback and learn from the experience of patients for quality improvement as part of the Trust's Clinical Governance framework • To enable staff to share feedback with colleagues in their ward and department easily and routinely Patient feedback sources uploaded to the Patient Feedback Hub include, but are not limited to: • Monthly survey data for inpatients, outpatients and maternity services • Friends and Family Test data, collected via paper cards, digitally (website / smartphone / text message)	1	Patient Experience Hub

	• Local departmental patient surveys		

PALS and Complaints Domain 1: Commissioned or provided services

Outcome	Evidence	Rating	Owner (Dept/Lead)
1A: Patients (service users) have required levels of access to the service	• The PALS & Complaints Team is accessible in a number of ways including by online form, in writing, by email, by telephone and in person. • There are no age restrictions on who can make a complaint, and consent is requested where necessary. • The team leaflet is available in a number of languages and also in an easy read format • Interpreting services can be accessed in the event somebody attends in person and English is not their first language, albeit the service may need to be booked and the appointment rearranged for a suitable date. • Written correspondence, including responses to complaints, are translated into the patient or complainant's first language where this is requested. • Advocacy services are in place to support anybody making a complaint and information on how to access these is provided to every complainant at the point of acknowledging their complaint.	2	Tanya Tofts – Head of PALS & Complaints Lucy Jones – PALS & Complaints Manager

	• The team office is located on the ground floor of the main hospital for ease of access. • Information about the protected characteristics of patients is populated from CareFlow to the Datix system when a new complaint is received and logged. • We have a Complaints Policy that is accessible online and can be provided in different languages if necessary; the policy underwent significant amendments following constructive feedback from a BAME complainant. • The team has a quiet room available for drop-in enquiries. The room is on the ground floor with no steps leading up to it, has dimmable lighting, is free from distraction and has a widened entrance door to allow for wheelchair access.		
1B: Individual patients (service users) health needs are met	• Where a patient is an inpatient, the PALS and Complaints team is available during the drop-in service opening hours to meet at the bedside, and patients are encouraged to speak to the ward teams to have any concerns addressed directly. • The team always seeks to establish with the complainant whether they have any specific health needs that we need to accommodate or make adjustments for. • The team will document complaint details where necessary to prevent the complainant needing to do this	2	Tanya Tofts – Head of PALS & Complaints Lucy Jones – PALS & Complaints Manager

	• Reporting mechanisms are in place to identify any complaint themes or trends that indicate that particular groups of patients are not having their needs met when they access services provided by the Trust. Where these are identified, actions are taken. • Complaint Review Panels take place with each Division to review a random selection of dissatisfied responses that are received. This is to identify any areas where we could have done things better initially but to also highlight any areas for improvement including issues relating to equality and disability. • All Trust staff (including PALS and Complaints staff) complete statutory training on Equalities and Diversity and are also required to complete Oliver McGowan training in terms of speaking with and helping patients who are autistic or who have a learning difficulty. • A patient survey is sent to complainants once their complaint has been resolved (also see 1D). This survey captures information about protected characteristics with the aim of ensuring that the service-users' needs have been met, however the response rate to this survey is low.		
1C: When patients (service users) use the service,	• All new complaints are risk assessed by the Case Officers and are given a severity rating of low, medium or high, based on the London School of Economics Healthcare Complaints Analysis Tool (HCAT). • Upon receipt of serious complaints or complaints indicating a level of harm, these are raised with the Patient Safety team for review at the	2	Tanya Tofts – Head of PALS & Complaints

they are free from harm	outset, and a weekly meeting takes place between the Head of Complaints and Head of Patient Safety to discuss any potential patient safety concerns raised in complaints • No information regarding a complaint is placed on a patient's medical record, it is all kept separately		Lucy Jones – PALS & Complaints Manager
1D: Patients (service users) report positive experiences of the service	Patient / complainant feedback is captured through individual feedback or through the completion of a patient / complainant survey at the end of the process. A questionnaire is sent to complainants once their complaint has been resolved, however the response rate to this survey is low and the feedback is not currently being routinely reported into the organisation. (Note: we have interpreted section 1D as being specifically about feedback about our PALS and Complaints service, not feedback about patient care)	1	Tanya Tofts – Head of PALS & Complaints Lucy Jones – PALS & Complaints Manager

Domain 1: Commissioned or provided services overall rating	23	

Domain 2: Workforce health and well-being

Outcome	Evidence	Rating	Owner (Dept/Lead)
2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	• Comprehensive workplace wellbeing offer supports psychological wellbeing, physical wellbeing and healthy lifestyles, inclusive to all colleagues and reflective of national NHS Framework and evolving workforce needs. Activity data can be correlated in relation to protected characteristics. • New joiners are assessed by Occupational Health to enable proactive support of any reasonable adjustments (NHS passport adopted). Activity data can be correlated in relation to protected characteristics. • A confidential Health Check delivered by a Workplace Wellbeing Nurse provides preventative and reactive colleague support Inc. weight management/obesity, diabetes. Options include standard health check, Men's Health MOT, Peri/Menopause 1:1 Check-in and Smoking Cessation. Activity data, correlated in relation to protected characteristics is regularly reviewed to identify equity of take-up e.g. introducing a Men's Health MOT due to low take-up of male/trans men and flexibility of clinics to enable greater access.	2	Claire Haley, Workplace Wellbeing Manager

| 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions | Mental health support options include a commissioned 24/7 Employee Assistance Programme, Occupational Health Service and in-house Psychological Health Service - tailored to assist individuals, leaders, teams and peer supporters (wellbeing/EDI advocates, FTSU Champions, Professional Nurse Advocates, TRiM Practitioners). Data can be correlated in relation to protected characteristics. Targeted communications and engagement identifies workforce needs (e.g. annual wellbeing survey, NHS staff survey) and promotes equitable take-up of holistic wellbeing offer at point/place of need throughout an employee journey using a range of digital/non-digital formats. A network of 430+ multidisciplinary Workplace Wellbeing Advocates act as a local point of contact within a team, supported by the corporate wellbeing team. Biannual workplace wellbeing reports published on the Trust website demonstrates sound assurance, delivery and governance processes underpinned by strategic frameworks including management of corporate risk 793 - risk that colleagues experience workplace stress. To increase the score further, a local mechanism to collect data on obesity, diabetes, asthma, COPD and mental health conditions is required, particularly in relation to those with protected characteristics. | | |

2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	• People Strategy and Workplace Wellbeing Strategic Framework objective: Eliminate Violence and aggression, bullying and harassment from colleague's working lives. Key areas of focus:
	   o Governance: work programmes align to national violence and aggression standard (baseline position established) with strategic oversight by the Chief People Officer (CPO) and Board.
	   o Robust Trust wide approach: ensures fair and consistent management of violence and aggression across organisation.
	   o Strategic plan: monitored with accountable leads reporting into the governance.
	• Managing Violence and Aggression Committee chaired by CPO ensures compliance to HSE requirements in relation to violence and aggression and Musculoskeletal Disorders in the NHS as set out in April 2023.
	• New 'Violence Prevention and Reduction Policy' launched November 2023.
	• Two 'Violence Reduction Officers' in post to review, investigate and support colleagues affected by violence, aggression, verbal abuse, disorder or criminal damage at work. 290+ colleagues supported in Q1 & Q2 includes 29 active investigations, of which majority are progressing via criminal justice system.
		2	Claire Haley, Workplace Wellbeing Manager

	- Prevention and Management of Violence and Aggression' training provides practical skills such as de-escalation, breakaway and clinical restraint. Overall compliance for 'NHS Conflict Resolution' training was 93% at end of Q4. 'It Stops with Me' campaign launched Trust wide in Sept following extensive engagement with multidisciplinary colleagues and network. Comprises resources to address unwanted behaviour and incivility including racism and sexism. - The 'Respecting Everyone Policy' and suite of resources launched in Nov consolidates bullying and harassment, grievances, conduct and capability to expedite issues in a values led way using principles of 'Just Learning thus reducing timescales and impact on morale and absence. - Colleagues encouraged to report incidents and to access wellbeing support at point of need. Plan in train to simplify reporting process to improve user experience and capture abuse 'type' in more detail (protected characteristics categories) to facilitate change. - Sexual harassment charter and active bystander eLearning in development. - Staff survey and other workforce data can be correlated in relation to protected characteristics.

2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	• Freedom to Speak Up (FTSU) Guardians and 80+ Champions provide confidential, independent support, advice and signposting in relation to raising concerns and experiences at work such as the behaviours of colleagues or managers, concerns about how care is delivered, about the working environment, or about the application of policy. FTSU policy updated in Q1. Essential FTSU eLearning module required by all. • Violence Reduction Officers review each incident report, reaching out to colleagues affected to ascertain any needs and ensure they're aware of the workplace wellbeing offer available. • A range of confidential in-house services and interventions form part of an inclusive workplace wellbeing offer - key psychological and emotional wellbeing resource include an Employee Assistance Programme (EAP), Occupational Health Service and Psychological Health Service. Additional peer supporters include Chaplaincy team, team-based wellbeing advocates and Divisional specific roles including Wellbeing Nurse Lead. • 24/7 EAP includes in-the-moment support, structured counselling/therapy, training and resources available t all individuals, leaders and teams (paid employees, trainees, students, hosted colleagues).	2	Claire Haley, Workplace Wellbeing Manager

	- Wellbeing guides and in-house education sessions and eLearning modules co-created by subject experts promote self-directed care and proactive local peer support. - Health and Safety Executive (HSE) Stress Management Standard promoted and housed on dedicated intranet page. Facilitation of stress audit, evaluation and action planning supported by Trust Safety team. - Staff networks offer a safe space for under-represented and disadvantaged individuals or groups to share experiences and shape organisational culture to be more inclusive. - ABLE+ Staff Network enables colleagues and volunteers with physical, sensory or mental impairments to raise awareness of and suggest solutions to issues encountered at work. - The Race Equality & Inclusion Staff Network is open to Black, Asian and minority ethnic colleagues and those from other European countries and further afield. - The Lesbian, Gay, Bi-sexual & Transgender Staff Network is open to all LGBTQIA+ colleagues and supporters to discuss issues affecting them/Trust. - The Women's Network brings people together to create positive connections and discuss issues important to them.		

2D: Staff recommend the organisation as a place to work and receive treatment	• Of the 5222 respondents of the 2022 NHS Staff Survey, 3128 (60%) 'would recommend organisation as a place to work' and 3697 (71%) colleagues would be happy with the standard of care provided if a friend/relative needed treatment. • Prospective colleagues are supported during the recruitment process which has been assessed against Mindful Employer Charter principles to provide support for mental health on entry to the workplace. • Inductees receive an overview of the workplace wellbeing offer at corporate induction. A member of the wellbeing team attends the 'market place' to welcome new colleagues and provide specific information to meet individual needs. • Managers and teams have access to wellbeing tools and advice for local implementation for example, guidance on holding a wellbeing conversation, use of 'Wellness Action Plan' and health passport (supports reasonable adjustment requests/provision). • UHBW is linked to the Government 'Access to Work - Maximus mental health scheme' to ensure colleagues experiencing mental health challenges in relation to work receive sustainable support in order to thrive in their role, team and environment.	2	Claire Haley, Workplace Wellbeing Manager

	• Annual appraisal check-in conversations and objectives are centred on wellbeing - with links to sources of support to aid discussion and resulting activity. • Introduction of 'It Stops with Me' cultural change campaign comprising 'Respecting Everyone' policy and suite of guides and training is anticipated to reduce queries and resulting action in relation to grievances, disciplinaries and complaints. • Specific questions relating to workplace wellbeing is included in the Trust exit questionnaire. Results are reviewed monthly by the Workplace Wellbeing team to inform positive change. • Overall sickness absence increased to 4.7% in September compared with 4.6% the previous month; stress, anxiety/depression/other psychiatric illness accounted for 1.01%. Absence data (and wellbeing service) activity data can be correlated in relation to protected characteristics. • To increase the score further, a local mechanism to collect/analyse data in relation to those with protected characteristics is required.		
Domain 2: Workforce health and well-being overall rating		8	

Domain 3: Inclusive leadership

Outcome	Evidence	Rating	Owner (Dept/Lead)
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	Board Development: Senior leaders and the board have received training in issues relating to EDI: • The Board and Senior Leadership Team (SLT) are currently undertaking an extensive development programme with an external expert provider, Eden Charles • The programme is designed to encourage leaders to think differently about culture and EDI, particularly through the lens of racism. • Board Development commenced in January 2023 and SLT commences in October. Staff Networks have executive sponsors: • Medical director – LGBTQIA+ Network • Chief People Officer and Deputy CEO – ABLE+ Network • Executive Managing Director (WGH) – Woman's Network • Chief Nurse and Midwife – REIN Network	2	Trust Board Members

| 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 | Board Equality Objectives:

All Trust Board members will have equality objectives, this is a requirement of the new High Impact actions and will be in place by March 2024 for all Trust Board members as determined by the national requirement. In the meantime, the Trust Board and Senior leaders are undertaking a significant programme of EDI development that will help to inform these objectives.

Board Sponsors and leads:

• NED/Executive EDI sponsors, FTSU Board lead and Well-being guardian and are able to support the Board to address EDI concerns:
• Chief People Officer and Deputy CEO is the Executive Lead: Workforce EDI the Executive lead for FTSU and has been leading on the Board development programme.
• Chief Nurse & Midwife is the Executive Lead for patient EDI and is a member of the People Committee and the Executive sponsor for REIN staff network.
• (NED) is the Chair of the People Committee and the Trust's Wellbeing Guardian.
• Director of Governance is the FTSU Board level lead and also a People Committee member. | | |

| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | The Board meeting covers Strategic Risk Paper, including Risk 285: Fail to have a fully diverse workforce.

The Board has to approve the Quality Account, a report about the quality of services offered by an NHS healthcare provider:
• Quality objectives for 2022/23 include Objective 4 - Developing a new Trust strategy for Healthcare Inequalities, with a focus on equality diversity and inclusion for patients and communities.
• Quality objectives for 2023/24 include Objective 3 – Waiting Well. UHBW has recognised a need to ensure that patients within the care backlog are Safe to Wait, and we address any issues relating to Health Inequality.
• Quality objectives for 2023/24 include Objective 4 – Developing a new Trust strategy for Healthcare Inequalities, with a focus on Equality Diversity & Inclusion for patients and communities.

As part of a 2022/23 Quality Priorities a Health Equity Delivery Plan was developed, drawing on the recommendations of the EDI baseline review, and approved by Quality and Outcomes Committee in March 2023. The plan is being shared widely internally and with external stakeholders via the Integrated Care System (ICS) and community partners. The plan sets out an ambitious programme of equality | 2 | Trust Board Members |

	objectives, such as reaching compliance with the NHS Accessible Information Standard (AIS), improved learning and training opportunities for colleagues on different aspects of equality and diversity knowledge and practice, as well as improved data collection and use of EDI intelligence to improve planning and priority setting. A new multi-disciplinary 'Health Equity Delivery Group' has been established, chaired by the Trust' Deputy Medical Director which reports to Clinical Quality Group and to Board via QOC. People Committee Chair's Reports to the Board meeting. The bi-annual report for Wellbeing and Equality Diversity and Inclusion is tabled. The Director of Corporate Governance presents to the Board meeting the Framework of quality assurance for responsible officers and revalidation, which includes an EDI audit. Patient / Staff Stories at Board: Members listen to patient/staff stories to learn about the quality of our services, the opportunities we have for learning, and the effectiveness of systems and processes to manage, improve and assure quality.		

	EDI Board development in place with Eden Charles, involving exploration of Board behaviours and developing our compassionate and inclusive culture. The Director of Corporate Governance presents to the Board meeting the Framework of quality assurance for responsible officers and revalidation, which includes an EDI audit looking at the characteristics of our appraisers in comparison to our medical cohort as well as our deferrals and FtP referrals. EIA Assessment is not a standard item on board papers.		

| 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 | Reporting Governance:

• Annual EDI Strategic Action plans are aligned to the Trust and People Strategy milestones and Annual Staff Survey outcomes and priorities. The plans are aligned to and reviewed locally through the 'Culture and People plans' as a standard agenda item within the local workforce committees. These are also peer reviewed in the culture and people group which meets monthly.

• The plans are reviewed quarterly at the EDI Steering Group, which feeds into the People, Learning and Development Group on a quarterly basis.

Senior Oversight:

• People Committee receive a EDI bi-annual report against the strategy and plan, which includes the divisional update against the aforementioned culture and people plan.

• A report from each division against the culture and people plan is provided at each People Committee (bi-monthly).

• People Committee also receive an annual EDI data report which includes, WRES, WDES, Gender pay and workforce disparity data. This will include the High Impact Actions set by NHSEI in the coming months. | 2 | Trust Board Members |

	• People Committee is chaired by a Non-Executive Director and attendance includes the Trust Chair, Chief People Officer and other Executive and Non-Executive colleagues. • The People agenda, including EDI, is also part of the monthly Executive review process. How we demonstrate we are listening to staff across the Trust: • There is a 'staff story' at each Private Board giving Board members insight and the organisation an opportunity to learn and develop. • The Trust has an established 'Ask the Exec' session which is designed to hold a space to listen to the views of our colleagues and to feedback on issues that may arise from these sessions. • As part of our Patient First programme, Executives, NED's and all members of SLT have also conducted Gemba visits, to hear about the staff experience on the wards/places of work.		
Domain 3: Inclusive leadership **overall rating**		6	

EDS Organisation Rating (overall rating):
Organisation name(s):
Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped** Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing** Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving** Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

EDS Action Plan

EDS Lead	Year(s) active
Frances Bathurst	First year
EDS Sponsor	**Authorisation date**
Emma Wood	February 2024

Domain 1: Maternity

Outcome	Objective	Action	Completion date
1A: Patients (service users) have required levels of access to the service	To have a dedicated triage unit and fully implement BSOTs	- Work with estates to develop plans (finance agreed). - Commence building work March '24 - Recruit further midwives to manage the unit (Funding TBC) - Day Assessment Unit consultation as change to working patterns - Completion date agreed	March 2025
	Improve interpreting services	- Trust procurement in progress for improved telephone translation service - BadgerNet translation to 8 languages in progress	
1B: Individual patients (service users) health needs are met	Increase hours in Bereavement team and benchmark ourselves against the bereavement pathway	- Recruit band 6 to the Bereavement team - Commence benchmarking and present at governance	March 2024

1C: When patients (service users) use the service, they are free from harm	Achieve Clinical Negligence Scheme for Trusts (CNST) and Saving Babies' Lives Care Bundle (SBLCB3)	• Ensuring Scan capacity and training increasing compliance with SBLCB3 recommendations • Audit to demonstrate compliance. • Work closely with Local Maternity and Neonatal System (LMNS) oversite	March 2024
	Rating for CQC	• Fortnightly review meetings in preparation	
	Work towards Ockenden compliance	• Inputting data to show compliance. • Regular reviews of progress towards compliance • Work towards implementation of centralised CTG monitoring	
1D: Patients (service users) report positive experiences of the service	Improve patient experience and increase feedback	• Midwife dedicated to patient experience. • Participate in the new MNVP patient experience group. • Improve friends and family feedback. • Act on feedback through national survey and experience group	March 2024

Domain 1: Communications

Outcome	Objective	Action	Completion date
1A: Patients (service users) have required levels of access to the service	Encourage patients to actively inform us of their needs	• Co-design a patient focused campaign and materials to encourage patients to tell us about their needs • Review and improve information on external website and utilise social media to promote campaign • Develop the new patient portal so that patients can update their needs digitally • Revise standard OP letter for appointments to include AIS prompt	March 2024

1B: Individual patients (service users) health needs are met	Staff will proactively actively ask patients their needs	• Standardise process of how we ask patients about their needs and what the response options are • Ensure AIS procedure is agreed locally, and SOPs are in place for all Divisions / departments • Design and deliver local specific training for and by Divisions/Outpatient services	April 2024
	Referrers will better inform us of patient's communication needs	• Standardise the AIS related information we require from referring agencies (i.e. GPs etc) and communicate expectations	December 2024
1C: When patients (service users) use the service, they are free from harm	Patient AIS alerts are effective and flagged appropriately	• Review and update flags on patient records • Create AIS quality and performance dashboard • Review and improve IT interface	March 2024 December 2024

1D: Patients (service users) report positive experiences of the service	Patients AIS needs are recorded in a consistent way on all our systems	• Agree approach to record AIS information and describe in SOPs • Produce detailed user guides to encourage consistent and accurate recording	December 2024

Domain 1: PALS and Complaints

Outcome	Objective	Action	Completion date
1A: Patients (service users) have required levels of access to the service	To move from 'achieving' this outcome to 'exceeding' this outcome	• Ensure the information on the website and in the PALS & Complaints Team leaflet is available in an easy read format.	March 2024
		• Ensure that information on how to contact the Team can be provided in braille if needed.	March 2024
		• Investigate the implementation of text to speech software with IT and if available, ensure the team is trained in how to use this.	April 2024
		• Purchase a hearing loop for the Drop-In room	March 2024
		• Explore availability of sign language contact to be available on our website	April 2024
		• Ensure up to date copies of the Team leaflet and our drop-in facility are available throughout the hospitals so that we are not reliant on people accessing the website for information.	March 2024

1B: Individual patients (service users) health needs are met	To move from achieving this outcome to exceeding this outcome	• Ensure information is available in different formats, for example sign language and easy read.	April 2024
		• Review how feedback from surveys is acted upon and explore alternative ways for feedback to be given i.e. electronically / easy read / text to speech?	June 2024
		• Understand in more detail who accesses the services of the team and whether there are barriers to certain patient groups contacting us?	May 2024
		• Work with Patient Experience to explore whether consultation with harder to reach groups is required to further enhance the PALS and Complaints Team service and action any findings.	
		• Evidence of partnership working with VCSR organisations to increase awareness of the Team and what we can offer?	

1C: When patients (service users) use the service, they are free from harm	To move from achieving this outcome to exceeding this outcome	• Ensure PALS and Complaints Leaflet and information on the website is available in an easy read format	June 2024
1D: Patients (service users) report positive experiences of the service	To move from achieving this outcome to exceeding this outcome	• Implement a method of capturing feedback more easily from people who have used the PALS & Complaints Team service. Maybe something similar to FFT or a touch screen outside the office or electronic feedback method rather than relying on postal surveys? • Implement a process for analysing the feedback received and the actions taken as a result (maybe an internal you said / we did board for the team/enquirers to see how patient feedback is acted upon)	June 2024

Domain 2: Wellbeing

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Strengthen collaborations between wellbeing service providers including Occupational Health Service and Workplace Wellbeing 'health check' provision to further promote self-management, data collection and targeted support of mentioned conditions.	Workplace wellbeing annual strategy plan to incorporate EDS22 objectives and actions for domain 2. Occupational Health Lead Nurse and Health Check Nurse to develop a mechanism for recording and reporting presentation of mentioned conditions with greater signposting to relevant services and interventions as appropriate.	March 2024 June 2024
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Annual reduction in NHS Staff Survey scores and other measures of reports of bullying, harassment and incidents of violence.	Integrate objective into Workplace Wellbeing strategy plan 2024-2025. Reduce annual NHS staff survey score against the previous year.	March 2024 December 2024

| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | Further develop mechanisms for capturing and triangulating local and system-based data to inform strategic planning, approach and continuous quality improvement. | Workplace Wellbeing team and Violence Reduction team to continue to work in collaboration to ensure wellbeing offer is equitably promoted alongside EDS22 best practice.

Implement data driven approaches to proactively manage bullying, harassment and abuse as it presents. | June 2024 |
| --- | --- | --- | --- |
| 2D: Staff recommend the organisation as a place to work and receive treatment | 70% of NHS staff survey respondents recommend the Trust as a place to work and would recommend the organisation us to family and friends. | Continue to foster relationships with stakeholders including system partners to implement joint strategic approaches. | December 2024 |

Domain 3: Leadership

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	EDI training for senior leaders Senior leaders committing to EDI as part of their role	Completion of Leadership Development Programme led by Eden Charles Trust Board member to have equality objectives	December 2024 March 2024
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Implementation of the Public Health Action Support Team (PHAST) recommendations covered in the Health Equity Delivery Plan	Development of a senior led Health Equity Delivery group to monitor progress and provide a governance system to the Clinical Quality Group	December 2024

| 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 | Expand the overview of EDI reporting by senior leadership. | People committee to overview the High Impact Actions set by NHSEI | March 2025 |

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