NHS England

NHS Equality Delivery System 2022

University Hospitals Bristol and Weston Trust

2024-25

Contents

Executive summary

Domain	Score	Summary
Domain 1: Commissioned or provided services	Total = 24 Average score = 8	Current position: Achieving activity Action plan priorities: priority is to do thee things
Domain 2: Wellbeing	8	Current position: Achieving activity
Domain 3: Leadership	7	Current position: Achieving activity – organisations score 2 for each outcome
Overall rating	**23**	Current position: **Achieving** (Determined by EDS22 score card: 'Those who score between 22 and 30, adding all outcome scores in all domains, are rated Achieving)

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 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.

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 HMD
Name of Integrated Care System	BNSSG
EDS Leads	Frances Bathurst, Equality, Diversity and Inclusion manager Fiona Spence, Health Equity and Inclusion Manager
Date completed	February 2025	**Month and year published**	February 2025
Date authorised	February 2025	**Revision date**	February 2026

EDS Rating and Score Card

As a trust, we have scored each outcome, then added the scores of each outcome together to calculate our overall score and EDS Organisational Rating.

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**

Domain evidence and scoring

Domain 1: Commissioned or provided services

For 2024-25 UHBW have worked with BNSSG to select the services we will be looking at as a system. These are: Maternity, Cardiovascular (Joint with NBT as part of a single managed service) and Accessible Information Standard.

Domain 1 scoring summary

Domain	Maternity	Accessible Information Standard	Cardiovascular
1A: Patients (service users) have required levels of access to the service	2 - Achieving activity	2 - Achieving activity	2 - Achieving activity
1B: Individual patients (service users) health needs are met	2 - Achieving activity	2 - Achieving activity	2 - Achieving activity
1C: When service users use the service, they are free from harm	2 - Achieving activity	2 - Achieving activity	2 - Achieving activity
1D: Service users report positive experiences of the service	2 - Achieving activity	2 - Achieving activity	2 - Achieving activity
Total	8	8	8
Domain 1 Total	24 - Achieving activity		

Domain 1 Commissioned or provided services: Maternity

Owner (Dept/Lead): Sarah Windfeld, Director of Midwifery and Nursing for Women's services at UHBW

Outcome	Evidence	Rating
1A: Patients (service users) have required levels of access to the service	• BSOT's now introduced with dedicated triage line and midwife. Planned dedicated Triage department funding agreed. Personalised care planning of individualised care needs remains priority. Audited and being reviewed and relaunched. Personalised care training from NHSE with places for maternity staff at UHBW. Incorporated personalised care and support plans into BadgerNet but paper copies available to prevent digital exclusion. • Four midwifery continuity of carer teams targeting women and birthing people from BME 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. • Enhanced continuity teams in Birch (Hartcliffe) offering Smoking cessation support and Olive (Knowle West) offering additional breast-feeding support. • Will be recruiting an MSW to offer additional support in the Maple team in Weston, in an area of high deprivation.	**2** **Achieving activity**

	• Collaborating with Black Mothers Matter to pilot an antenatal education programme specifically for black women. • Consultant community clinics, specialist clinics in Weston where there is a high level of deprivation targeting Diabetes, Pre term labour and perinatal mental health. For those having to then access services in Bristol a bus is provided between sites and assistance with costs out of hours. • IDVA 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 needs. Also offer a pictorial advice guide for those with reading/language needs. • Targeted work with the refugee population. • DNA guideline/policy to reduce poor access to services.	
1B: Individual patients (service	As above plus … • Personalised care plans and tours and birth planning for those with other needs.	**2** **Achieving activity**

users) health needs are met	• Partners allowed to stay overnight for support.	
	• Provision of specialised care by dedicated midwives e.g. bereavement, drug misuse, teenage pregnancy, mental health.	
	• 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 with additional support now in community.	
	• Transitional care provision working closely with NICU. Neonatal community team.	
	• Provision of antenatal, intrapartum and postnatal care based on NICE guidance.	
	• Maternal loss and trauma service (MaLT team) assessing and supporting women and birthing people with trauma and/or mental health needs.	
	• Dedicated mental health clinics and assigned o0bstetric consultant.	
	• Dedicated diabetes and preterm clinics in Bristol and Weston.	

	• Bereavement team offering support for women and birthing people experiencing pregnancy loss.	
1C: When patients (service users) use the service, they are free from harm	• Pre birth planning meetings for the protection of mothers and babies where safeguarding needs have been highlighted. • Contribute to MARAC, a multi-disciplinary approach to safeguarding where domestic abuse is a factor. • Patient quality and safety team working closely as part of a multi-disciplinary perinatal team. • Mortality and morbidity reviews. • PMRT tool in place and compliant. • Work closely with BNSSG LMNS with the above feeding in for oversite. • 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 and SBLCB. Required improvement in safety. All the identified areas have now been addressed with a plan to improve medical safeguarding training compliance.	**2** **Achieving activity**

	• Training in obstetric emergency, safeguarding and fetal wellbeing. Enhanced education and practice team secured funding for additional training required to complete the core competency framework for perinatal staff. • Complaint response reviews with MNVP involvement. • Part of the Race and Health observatory learning and action network working on improvement of antenatal interventions in preterm labour for black women and birthing people. • All staff are part of an on-call rota with the acute area on call providing assistance in times of escalation to maintain safety of the service.	
1D: Patients (service users) report positive experiences of the service	• Excellent results in the national maternity survey. UHBW maternity services maintain ranking in top 30 per cent of NHS Trusts nationally based on patient experience. • Patient experience group correlating feedback and forming action plans based on MNVP feedback, friends and family and patient surveys. (MNVP feedback paused while BNSSG LMNS recruit) • Once recruited the MNVP will be incorporated into our governance meetings. • Actively sought feedback from BME communities and working within the Black maternity matters project • Monthly survey, national maternity survey and "you said we did".	**2** **Achieving activity**

| | • Monitor complaints and themes and create action plans around these.

• Equality and diversity PEF with increased hours and banding. | |

Domain 1 Commissioned or provided services: Accessible Information Standard

Owner (Dept/Lead): Fiona Spence, Health Equity and Inclusion Manager at UHBW

Outcome	Evidence	Rating
1A: Patients (service users) have required levels of access to the service	The Accessible Information Standard (AIS) is a mandatory standard that UHBW must follow. It affects all patients who have a disability, communication impairment or a sensory loss. In UHBW, we aim to ensure that people receive information in a way that they can understand and have the communication support that they need to make informed and timely decisions about their health and treatment. All UHBW staff have responsibilities to ensure that our service users receive information and communication in a way they understand: Identify – ask if people have any accessible information or communication support requirements and find out how to meet those needs. Record – record those needs in a way so that it is clear and highly visible to all staff how to meet these needs. Flag – use alerts and flags to make it clear on a patient's electronic and paper notes what a patient's information and communication support needs are (alerts to go on Medway and any other patient record systems, if you are unsure how to add an alert please contact experience@uhbw.nhs.uk) Share – share this information about patient's needs with other NHS and Adult social care providers (within existing data sharing and governance protocols).	**2** **Achieving activity**

Meet the needs – make sure that patients receive information in an accessible format and provide any communication support needed (for example if they require a letter in Braille format that we do not send a letter in a standard format).

It is generally evident that when we follow the five steps of the AIS then we get it right. This equally follows that when we forget or fail to follow the five steps, then patients find navigating and accessing services difficult. This is acutely evident for patients with sensory loss and patients with learning disabilities or autism, who may need appointment letters in accessible formats such as large print, braille, easy read, or delivered electronically so they are compatible with screen readers.

CareFlow and other patient record systems can add alerts to patient records: these alerts should be used to highlight any AIS-related needs. Staff should check for these needs when accessing patient records.

Colleagues may also need to take responsibility for helping to meet a patient's AIS need, for example by using their preferred mode of contact when getting in touch with them, or by printing information in a larger font than you would normally use.

Positive experiences are reported of the Learning Disabilities and Autism Liaison Service. This service allows inpatients access to a specialist trained nurse, who can advise wards on reasonable adjustments. They can also support outpatients with appointments. The Liaison Service hold records on patients with learning disabilities and/or autism and will hold hospital passports that outline clearly a patient's communication needs. The Liaison Service is responsive, responding to both phone calls and emails, and will support patients to get in touch with clinical teams.

One area that Governors are maintaining as an area for concern is the current state of the UHBW websites (uhbw.nhs.uk, uhbristol.nhs.uk, waht.nhs.uk). These websites are not compatible with the Web Content Accessibility Guidelines (WCAG) 2.2, and users of screen

readers will significantly struggle to navigate and find the information they need to engage with Trust services. Patients and carers also report to Governors that information such as phone numbers are incorrect, and services often do not have alternative contact methods (e.g. email, letter, SMS) listed. This means that we sometimes fail to provide accessible means for patients to contact their clinical services.

Improving accessibility to our hospitals.

Navigating a busy hospital environment can be challenging for anyone, but for those who are blind and visually impaired, it can be particularly difficult. Lack of accessibility can create anxiety, restrict independence, and impact on access to some health services.

To ensure our hospitals remain as accessible as possible for all our patients and visitors we partnered with Gloucestershire Sight Loss Council to coproduce a series of audio guides.

The 12 new guides will allow people to access the Emergency Departments on both hospital sites, as well as Ophthalmology and Eye Screening services. They have been created using Artificial Intelligence voice-over, enabling rapid development and testing and significantly reducing costs.

The guides are available on the hospital website and can be accessed from smartphones and tablets and is believed to be the one of the first NHS navigation audio tools ever developed.

The audio guides provide clear, step-by-step instructions, allowing blind and visually impaired people to navigate hospitals independently and with confidence, ensuring that can find their way to appointments and services and reducing anxiety.

It is hoped that further collaboration with the Sight Loss Council and other partners will open the potential for wider development of more audio guides across other health services.

Patients at Bristo Eye Hospital (BEH) are supported with their specific needs, to this end all letters are sent out easy to read, at size 16 on yellow paper. Audio versions, braille and large print are also available as we transition to electronic letters patients can opt in and select their own preferences as to how information is communicated.

On our website we have an AccessAble page with images and guides to each area and we're working to add audio guides to with the support of the sight loss council.

All signage in the hospital is black or yellow with pictorials where possible except directing to the emergency department.

16, easy read, yellow letters

Audio, braille and large print can be requested either at reception or via the coordinators or med sec team.

AccessAble page on website

Audio guides to be available by end of 2024

Clear visible signage

Support groups for visual impart

Support team for visual impairment available for any questions or support

Strong links to impairment charities to access support

BEH visual impairment training for all new starters

Outcome	Evidence	Rating
1B: Individual patients (service users) health needs are met	**Patient Information Leaflets in alternative formats** UHBW can provide information leaflets in a range of formats to meet individual needs, for example, leaflets, audio files, Braille and written translation. **Medway Patient letters in alternative formats** CareFlow-generated letters' format can be changed into large font, contrasting colours etc. These amended letters can then be sent to the patients. If CareFlow-generated letter needs to be translated into Braille, audio or other types of format that can't be done in MS Word, then a translation can be arranged our supplier. **Synertec automated appointment letters** When a patient requires letters in an alternative format, we can ask our supplier of automated appointment letters (Synertec) to adhere to this format when they send letters out. **Translation of other documentation** Translations can be arranged via our supplier of written translation services. **Spoken communication support** We have access to a large range interpreting support for our patients and carers (e.g. British Sign Language, non-English language interpreters, etc.) **Support for patients with a learning disability and / or Autistic Spectrum Disorder**	2 **Achieving activity**

Our "Hospital Passport" supports the care of children and adults with learning disabilities and autism when going to hospital. The aim of the Hospital Passport is to provide staff with information about the patient and their carers during a hospital visit.

In UHBW there is specialist Adult Learning Disabilities Team to provide support to adults over the age of 18 who have a learning disability or autistic spectrum condition (ASC), who are accessing information and services.

We have a Paediatric Disability Clinical Specialist that can work with parents and carers of disabled and complex needs children to ensure that we can plan for their care as much as possible. Further details can be found here.

Advice for health and social care staff to communicate with people with sensory loss, people with a learning disability and/or on the autism spectrum is available to staff. This guidance has been produced by a number of national charities working with Disabled people across all impairments for communication for people with a sensory loss, people with a learning disability and/or on the autism spectrum during the COVID-19 pandemic. The guide can be viewed here.

Support for deaf women in Maternity

Purchase of personal hearing loops to be used during inpatient stay. This came as a direct result of feedback from a woman who is deaf after she received care of the postnatal ward.

Diversity and Inclusion midwife attends Black Maternity Matters antenatal group to support delivery of maternity education. The group has also acted as a way to gain feedback from black and mixed ethnicity women during the interim period whilst a new MNVP was appointed. For example, feedback from attendees has formed some of the themes for the equity and personalised care multi-disciplinary study day for local learning.

Monthly inclusion calendars sent out to women's and children's staff to highlight upcoming religious and cultural events.

Provide support to the University of West England Empowerment and Impact group which supports Black, Asian and other minoritised ethnic group student midwives. A direct communication with the group to gain feedback from student midwives about their experience of placement.

Implementation of early pregnancy drop-in clinic at refugee women of Bristol to support women to access maternity care as early on in their pregnancy as possible. The group has access to face-to-face interpreters.

Human Factors Project

A human factors project was started in November 2023 to support implementation of AIS within the electronic patient medical records program (EPMR). The project has been led by the Human Factors Faculty with the scope of the project to focus on the recording and flagging requirements under the AIS within the EPMR. Key objectives of the project were:

To inform the redesign of equipment or process to improve the reliability of staff identifying, recording and flagging a patient`s information or communication need(s).

To create a robust flagging system within the electronic records system which alerts the necessary staff to a specific patient information and communication need and the required output.

Working collaboratively with UHBW Patient Inclusion & Experience of Care team various human factors methods were completed. These included staff observation, a task analysis for

booking a patient appointment, a heuristic evaluation of the EPMR interface and a number of focus groups gathering staff perception of the current patient alert system.

Collection of data has led to a greater understanding of the challenges staff face when recording patient information and communication needs within the EPMR. The project cumulated in the creation of a set of 6 principles for the creation of a successful patient alert system within an EPMR. The Trust is now working through application of these principles within the EPMR program.

The BEH offers an individualised approach to patients' health needs

For example, patient A was referred by GP with cataracts to BEH, after missing their first appointment they were contacted by phone and rebooked. At their first appointment they struggled to understand the information provided. After their appointment time was arranged with our ECLO (Eye Clinic Liaison Officer) to support the patient in future appointments letters were sent electronically so they could be read out via their tablet. BSL (British Sign Language) interpreters were booked going forwards to support the patient, information about any medication changes provided in extra-large print and sent to next of kin as well to help support patient's needs.

| 1C: When patients (service users) use the service, they are free from harm | The development of the UHBW Patient Safety Engagement & Involvement Framework has outlined the principles and objectives to involve patients, their families and other lay people representatives from our local communities to improve patient safety for all services users.

UHBW Patient Safety collaboration across the BNSSG to understand the safety challenges and share service innovation and learning across the network.

Development of Equality & Diversity metrics in Patient Safety Incident reporting to better understand the representation of minorities in adverse patient safety incidents to inform future improvement workstreams. | **2**
Achieving activity |

Patient Safety Team collaboration with the Experience of Care Team in the procurement and development of the new Translation Services at UHBW.

Patient Safety Expert investigators have introduced an E&D assessment when commencing Patient Safety incident investigations.

When patients and their families are involved in patient safety investigations, engagement priorities are identified to focus on preventing secondary trauma while also respecting and responding to cultural diversity.

Digital Patient alerts improvement work is underway to ensure that the support needs of patients and their families are recognised and met when accessing our services.

In the BEH there were 44 LFPSE (Learning From Patient Safety Events) were recorded in September 2024, increasing from 18 in August after new online training was run for all BEH staff to improve engagement with LFPSE process. Of these, three were moderate or higher physical or psychological harm: one related to patient fall and two due to delays.

There were no evident of significant harm to patients

| 1D: Patients (service users) report positive experiences of the service | In the BEH, from August to September 2024 there were 1413 patient feedback results, of these 94.6% felt they had a positive experience, and 90.6% of patients felt that they were given clear information, communication and support for self-care.

Examples:

"This was a follow up re an Eye problem First class response from Bristol Eye Hospital. I was given an appointment at short notice to investigate a problem and the service I received was excellent."

"Overall, I had very good treatment at the Bristol Eye Hospital for the eye operation and the aftercare appointments. I was very lucky to get an appointment with the eye team as I am not in the area, and I would like to thank them all very much." | 2

Achieving activity |

Domain 1 Commissioned or provided services: Cardiovascular

Owner (Dept/Lead): Helen Bishop, Director of Nursing in Specialised Services division at UHBW

Outcome	Evidence	Rating
1A: Patients (service users) have required levels of access to the service	**UHBW and NBT** • The Cardiology outpatients project aimed at reducing 'did not attend' (DNA) rates in individuals from IMD 1-2 and/or the Global Majority ensures that these individuals are contacted before their appointments. The telephone call includes discussing barriers to healthcare, sign posting services and further building trust between patients and the hospital. • Translators available on request to book face to face or by telephone, we have leaflets available to give to patients on the procedures that they have been offered, we can request printed leaflets in specific languages and can post them to the patient. • Staff is aware of health passports. This is mostly due to the Oliver McGowan training, which has highlighted this. We ensure all mandatory training is completed by all the team. • UHBW has a joint study with NBT looking at high DNA rates for certain clinics. We looked at the areas with high DNA rate and have investigated why this. Patients have been invited to a focus group to get them to give ideas how we can encourage	**2** **Achieving activity**

attendance. DNA patients are also phoned to ask what has prevented them from attending.

UHBW

In the past year Cardiac Surgery Research has set up a research screening database in a system called 'REDCap' The purpose of this was to ensure that all cardiac surgery patients are screened for research and automatically flagged up for studies, thereby eliminating selection bias at the pre-screening stage and ensuring inclusivity. This was funded by a grant that I was awarded by the local Clinical Research Network (now the RDN). Cardiac Surgery Research sister designed and set it up with a programmer, who is also a senior research associate in University of Bristol. The database provides a much more efficient way of screening centrally, rather than using multiple Excel spreadsheets for different studies. This database is fully implemented and working well within Cardiac surgery to ensure that all patients are screened for studies and that we can work more efficiently to include more patients in studies. Cardiac Surgery Research sister has also introduced this to the surgical research delivery team and they are using it for some of their studies. However, we are struggling to get funding for programmer support to roll out further within their speciality and to other specialities, as well as ongoing support for the database within my team.

Outcome	Evidence	Rating
1B: Individual patients (service users) health needs are met	**UHBW and NBT** • All reasonable adjustments to help these individuals are offered and relevant teams e.g. the homeless health liaison team or translation services are involved. • We display several information boards around outpatients and different subjects are displayed for example, dementia aware, information for carers, information on cardiology conditions, and translations of conditions in an easily understandable way. **UHBW** We have a young people's service for 16yrs-25yrs. It is decorated with a mural and has leaflets and information for their age group. We aim to welcome young people into the adult services, so they feel confident in visiting the outpatient department and begin to manage their own health care. We welcome young people to the Bristol Heart Institute from Bristol Royal Hospital for Children by writing to them advising them of the nurse's specialist service, contact details and charity support which might be helpful until we see them at their first appointment in clinic. This is approximately 100 patients a year. A number of outpatients clinics are configured in which only young people are seen. There is additional support for the clinical nurse specialist service and our youth worker for these clinics. We have also set up a 6 monthly virtual young people's evening, so the young people can 'meet' the team, hear about the adult service, and understand the role of our Youth Worker and Psychologist. A film was made by the adult congenital heart disease clinical nurse specialist	**2** **Achieving activity**

	team. The film is a tour of the BHI which gives young people and their families and carers and an idea of what to expect when they arrive for clinic, tests, surgery or a procedure. Work has been done, with charity funding, in our outpatient area to provide a young people friendly area for young people who are waiting to be seen. It is a space where they can wait with other young people and not feel as if they are the only young person in the hospital.	
1C: When patients (service users) use the service, they are free from harm	**UHBW and NBT** • Any safeguarding concerns are raised by the coordinator who speaks to these patients. **UHBW** • When patients are booked in, we have small square information cards we clip on to their notes this can inform the Nursing assistants if they are blind, fall risk, transport, etc. • Everyone has completed their mandatory training and are aware of the procedure to escalate concerns regarding patients and staff safety. • Patient safety software Datix is used to record any incidents, risks and claims. • Complaints are dealt with at the time and de-escalated where possible or we can guide the patient to the PALS and Complaints procedure.	**2** **Achieving activity**

| 1D: Patients (service users) report positive experiences of the service | **UHBW and NBT**

• Qualitative feedback shows patients are incredibly grateful for the project aimed at reducing DNA. Quantitative data shows DNA rates are half for those contacted in comparison to those who were not.

UHBW

• There is a patient feedback board in reception, positive comments are posted on their as well as constructive suggestions and how we have implemented them. | **2**
Achieving activity |

Domain 2: Workforce health and Wellbeing

Owner (Dept/Lead): Claire Haley, Workplace Wellbeing Manager

Outcome	Evidence	Rating
2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	UHBW provides a holistic programme of health and wellbeing resources and interventions inclusive to staff, students, trainees and volunteers. The offer reflects evidence-based best practice for the provision of psychological, physical and healthy lifestyle initiatives. Data can be correlated per protected characteristics. **Obesity and Diabetes** • A targeted approach to cardiovascular health checks to ethnically minoritised colleagues to improve healthy equity and outcomes. The check measures cholesterol, Body Mass Index, blood pressure, alcohol, physical activity and QRisk3. Colleagues with BMI>= 25 are signposted to Better Health tools (Inc. type 2 diabetes) and BMI>= 30 to GP for tiered weight management. • 'Eating well' intranet page comprises self-care guide co-produced by the Trust dietetic team, linking to NHS Eat well guide. • 'Physical Activity' intranet page promotes internal/external options Inc. onsite yoga and free online NHS platform, 'Doing Our Bit'. • UHBW National Standards of Healthcare Food & Drink Working Group supports pending BNSSG Healthy Weight Declaration.	**2** **Achieving activity**

	• Extensive package of peri/menopause support options. **Asthma and COPD** • New joiners assessed by Occupational Health for proactive support and any reasonable adjustments (via NHS passport). Existing colleagues can self-refer. • Trust Health and Wellness Policy and suite of guidance. • Workplace Wellbeing Nurse provides very brief stop smoking advice. **Mental health conditions** Mental health options are assessed against NICE Guidance (NG212): • 24/7 Employee Assistance Programme (in-the-moment and block counselling). • Occupational Health Service advice line and structured counselling. • Psychological Health Service tailored to individuals, leaders, teams and peer supporters (wellbeing, EDI and FTSU Advocates, TRiM Practitioners). A network of 330+ multidisciplinary Workplace Wellbeing Advocates act as a local point of contact within a team, supported by the corporate wellbeing team.	
2B: When at work, staff are free from abuse,	Trust People Strategy and Workplace Wellbeing Strategic Framework comprise objectives to 'Eliminate Violence and aggression, bullying and harassment from colleagues working lives'. This is supported by a number of corporate initiatives.	**2** **Achieving activity**

| harassment, bullying and physical violence from any source | • 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. We have also signed the UNISON Violence at Work Charter and have recognised areas that have been committed to protecting staff in the workplace.
• 'Violence Prevention and Reduction Policy' launched 2023.
• Two 'Violence Reduction Officers' in post to review, investigate and directly support colleagues affected by violence, aggression, verbal abuse, disorder or criminal damage at work. Prevention strategies also shared.
• 'Prevention and Management of Violence and Aggression' training provides practical skills such as de-escalation, breakaway and clinical restraint.
• 'It Stops with Me' campaign launched 2023 comprises framework to address unwanted behaviour and incivility including racism, sexism, homophobia, ableism.
• 'Respecting Everyone Policy' and suite of resources launched across Trust 2023, consolidates bullying and harassment, grievances, conduct and capability to expedite issues in a values led way using principles of 'Just Learning.
• Pro-Equity strategy 2024. Anti-Racism and Anti-Ableism workshops engage colleague to define pro-equity approach, statement and inclusive language guide.
• Colleagues encouraged to report incidents and access support at point of need.
• NHS Sexual Safety Charter signed
• Sexual harassment charter and active bystander eLearning in place. | |

	• Sexual safety workshops facilitated by Psychologists 2024 invite colleagues to share idea for improving provision across the organisation. • Staff survey/ workforce data can be correlated per protected characteristics.	
2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Independent support is available to colleagues across all protected characteristics. • Freedom to Speak Up (FTSU) Guardians and 80+ multidisciplinary 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 FTSU policy. • 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 to promote equitable uptake of services. • A range of confidential in-house services and interventions form part of the 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 wellbeing leads. • 24/7 EAP includes in-the-moment support, structured counselling/therapy, training and resources available to all individuals, leaders and teams. • Wellbeing guides and in-house education and eLearning modules co-created by subject experts, promote self-directed care and proactive local peer support.	**2** **Achieving activity**

	• Health and Safety Executive (HSE) Stress Management Standard promoted and housed on dedicated intranet page. Facilitation of stress audit tool, evaluation and action planning supported within team by the 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. Each have a dedicated 'community' on the Viva Engage channel.
	o ABLE+ Staff Network enables colleagues and volunteers with physical, sensory or mental impairments to gain support and raise awareness of and suggest solutions to issues encountered at work.
	o The Race Equality & Inclusion Staff Network is open to ethnically minoritised and global majority colleagues.
	o The Lesbian, Gay, Bi-sexual & Transgender Staff Network is open to all LGBTQIA+ colleagues and supporters to discuss and raise issues affecting them/Trust and to deliver celebratory and information events.
	o 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	Of the 6594 respondents of the 2023 NHS Staff Survey, (67%) 'Would recommend organisation as a place to work' and (74%) colleagues would be happy with the standard of care provided if a friend/relative needed treatment. This is an increase on the previous year's results and higher than the national average. • Prospective colleagues are supported during the recruitment process which has been assessed against Mindful Employer Charter principles to provide support for mental health on	**2** **Achieving activity**

work and receive treatment	entry to the workplace as they begin their employment journey. We have also received gold accreditation for our support with Veterans.
	• Inductees receive an overview of the workplace wellbeing offer at corporate induction. A member of the wellbeing team attends the 'marketplace' 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 (reasonable adjustment provision).
	• UHBW is linked to the Maximus Access to Work - 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.
	• 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, 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 and HR Business Partners to inform positive change to staff experience.

Domain 2: Workforce health and well-being overall rating	8

Domain 3: Inclusive leadership

Outcome	Evidence	Rating
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 and SLT EDI Development:** • The Board and Senior Leadership Team (SLT) completed an extensive development programme with an external expert provider, Eden Charles. The programme was designed to encourage leaders to think differently about culture and EDI, particularly through the lens of racism, ableism and sexual safety. • The key output of the board and SLT development is our Pro-equity approach to inclusion, embedded in a trauma informed framework. Pro-equity was launched in July 2024 as a trust wide strategic mission critical project in under the patient first approach. • A Pro-equity strategic development review is presented at the monthly Senior Leadership Team meeting for scrutiny and assurance. **Board Equality Objectives:** • All Trust Board members are required to engage with our Pro-equity work and have been outstanding sponsors and critical voices of the work so far. Individual EDI objectives will come in 2025-26 once we have defined our Pro-equity action plan where board members can be allocated areas of responsibility.	**2** **Achieving activity**

Board Sponsors and leads:

- Executive EDI Sponsors, Freedom to Speak Up Guardian, Wellbeing Guardian and all Non-executive Directors are able to support the Trust to address EDI concerns:

  - Chief People Officer and Deputy CEO is the Executive Lead for: Workforce EDI, Freedom to Speak Up 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.

  - A nominated Non-executive Director is the Chair of the People Committee and the Trust's Wellbeing Guardian.

  - Director of Corporate Governance is the Freedom to Speak Up Guardian.

- **Executive EDI responsibility:** each of our Staff Networks has an executive sponsor who supports the network with development and raises the profile of the network:

  - Hospital Managing Director – LGBTQIA+ Network

  - Chief People Officer and Deputy CEO – ABLE+ Network (Disabled staff network)

- o Executive Managing Director (WGH) and Senior Responsible Officer for Sexual Safety – Women's Network

- o Chief Nurse and Midwife – Race Equality and Inclusion Network

- Executive and Board NED members have participated in History month activities at UHBW (e.g. Black History Month, LGBTQIA+ History Month, Pride, Disability Equality History Month, International Women's Day). Below are some examples of key trust activity:

  - o Black History Month: Our Hospital Managing Director (who is White British) opened our Black History Month event, launching the trust's anti-racism community commitment, speaking on the importance of Pro-equity and that all colleagues must engage in our anti-racism work.

  - o North Somerset EDI: UHBW has strengthened their commitment to North Somerset as an anchor organisation and member of the community. Our Executive Managing Director spoke at add in NS conference and we also sponsored the first Black History Month event in Weston Super Mare, working collaboratively with the council and local collage.

  - o Pride: Our Hospital Managing Director (sponsor of the LGBTQIA+ network) opened our Trust wide pride event, speaking on the importance of community, respect, speaking up and our Pro-equity approach.

  - o Disability History Month: TBC

	Management responsibility • All colleagues with management responsibility are required to undertake the Trust's inclusive and compassionate leadership programme, which has EDI embedded into the curriculum. We also have Trust wide mandatory EDI training. **Health Equity Delivery Group** • A new multi-disciplinary 'Health Equity Delivery Group' has been established, chaired by the Trust's Deputy Medical Director which reports to Clinical Quality Group and to Board via QOC. The senior executive sponsor for this group is Professor Deirdre Fowler, Chief Nurse & Midwife.	
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. • 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. Development of a senior led Health Equity Delivery group to monitor progress and provide a governance system to the Clinical Quality Group • The plan sets out an ambitious programme of equality 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	**2** **Achieving activity**

diversity knowledge and practice, as well as improved data collection and use of EDI intelligence to improve planning and priority setting.

- The multi-disciplinary 'Health Equity Delivery Group' is well established and is 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.

- 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.

- EIA Assessment brought to (add group here) .

3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress	**Reporting Governance:** - Annual EDI Strategic Action plans are aligned to the High Impact Actions set by NHSEI, 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.	**3** **Excelling activity**

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

• We take two corporate EDI projects to Senior Leadership Team meeting (Band 9 and above) for scrutiny and assurance: pro-equity and Experience of Care. These programmes of work are also monitored at Divisional level.

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.

• 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:

- In 2024 we conducted our Pro-equity engagement workshops to hear the voices of colleagues.

  - We ran 3 sexual safety workshops, 14 anti-racism workshops (6 of which were closed sessions for ethnically minoritised colleagues) and 12 anti-ableism workshops (6 of which were closed sessions for disabled colleagues).

  - For the anti-racism workshops, representation of Black, Asian, Multiple Heritage, Global Majority and other ethnically minoritised colleagues was higher than that of our staff population (36.0% of workshop attendees compared to 25.4% of all staff).

  - For the anti-ableism workshops, representation of disabled colleagues was higher than that of our staff population (40.3% of workshop attendees compared to 4.0% of all staff).

  - 138 pages (1643 unique quotes of feedback) were analysed through a thematic analysis resulting in five key groups identified: Trauma Informed, learning and development, HR workstream, recruitment and physical estate. These groups will analyse the feedback relevant to their area to create the trust's pro-equity action plan.

- o The draft action plan will be peer reviewed by colleagues, including those with lived experience of being racially minoritised or disabled, and will be launched in May 2025.

- 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	7

EDS Action Plan

Domain 1 Commissioned or provided services: Maternity

This is a review of the 2024-25 EDS22 action plan (from the 2023-24 submission) with additions for 2025-26

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 25 Recruit further midwives to manage the unit (Funding TBC) DAU consultation as change to working patterns Completion date agreed	Nov 2025 (TBC)
1A: Patients (service users) have required	Improve interpreting services	Trust procurement complete for improved telephone translation service- Training to be rolled out	September 24

levels of access to the 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	Completed end of 2024
1C: When patients (service users) use the service, they are free from harm	Achieve CNST and SBLCB3	Ensuring Scan capacity and training increasing compliance with SBLCB3 recommendations Audit to demonstrate compliance. Work closely with LMNS oversite	Achieved March 2024 (awaiting one more scanning room)
1C: When patients (service users) use the service, they are free from harm	Rating for CQC	Fortnightly review meetings in preparation	Achieved March 2024

	Work towards Ockenden compliance	Inputting data to show compliance. Regular reviews of progress towards compliance Work towards implementation of centralised CTG monitoring	Completed February 2025
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	Completed March 2024

Domain 1 Commissioned or provided services: Accessible Information Standard

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	Priorities for 2025/2026 include the Implementation of a new Intranet and external website that meets the accessibility requirements of colleagues and communities. There will be many invitations to work with community partners to share best practice and ensure Web Content Accessibility Guidelines (WCAG) guidelines are fully implemented at UHBW.	January 2026
1B: Individual patients (service users) health needs are met	Staff will proactively 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

UHBW has an e-learning and accompanying short patient facing film that is aimed at | December 2026 |

	Referrer will better inform us of patient's communication needs	essential to role cohorts of UHBW staff, including booking coordinators and receptionist staff. Training completion rates will be reported on twice a year.	December 2025
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	December 2025
	E-learning compliance	Reporting twice a year to ensure 60% completion rates for Trust wide essential to all cohorts of staff	December 2025
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 2025

Domain 1 Commissioned or provided services: Cardiovascular

Outcome	Objective	Action	Completion date
1A: Patients (service users) have required levels of access to the service	**UHBW & NBT** The Cardiology outpatients project aimed at reducing DNA rates in individuals from IMD 1-2 and/or the Global Majority ensures that these individuals are contacted before their appointments by way of telephone call.	**UHBW & NBT** The telephone call includes confirming that the appt day/time works for that individual, discussing barriers to healthcare, sign posting services and further building trust between patients and the hospital. This conversation can last under a minute or up to 20 minutes depending on the individual's needs. Some patients take the opportunity to express their dissatisfaction with the trust, others about their GP, and some patients require coordination between multidisciplinary teams as they are street homeless or have complex needs.	Elise Sapsford (coordinator), Charlotte Purnell (lead)
1B: Individual patients (service users) health needs are met	**UHBW & NBT** Every individual patient has a different health story and therefore differing adjustments that they may require.	**UHBW & NBT** All reasonable adjustments to support these individuals are offered and relevant teams e.g. the homeless health liaison team, translation services or hospital transport are	Elise Sapsford (coordinator), Charlotte Purnell (lead)

	Individuals who experience health barriers require more attention for these reasonable adjustments to avoid further exacerbation of barriers. **UHBW** Ensuring that all patients are screened for our cardiac surgery studies, thereby reducing selection bias and ensuring equity of access to trial participation.	involved. Acting as a voice between these individuals and the supporting teams has been highly valued by the patients, their relatives and/or carers. **UHBW** Set up the screening database with a programmer and implement within general surgery, potentially other specialties and research teams at NBT.	Emma Hopkins
1C: When patients (service users) use the service, they are free from harm	**UHBW & NBT** Any safeguarding concerns are raised to the relevant team and documented.	**UHBW & NBT** This extra layer of communication, in fact, increases the safety of these patients as the Equality Access Coordinator reaching out to the patients often leads to a relationship of trust between individuals who have not had a lot of support in the hospital system previously due to the under resourced admin staff. Patients divulge concerns or experiences that they previously have not	Elise Sapsford (coordinator), Charlotte Purnell (lead)

		raised to other staff members – learnings can be made from this.	Emma Hopkins
	UHBW The survey for research nurses, looking at translation issues in trial recruitment, is to get a baseline of how translation issues are affecting recruitment and retention to research studies, of patients for who don't speak English.	**UHBW** At the moment it is being piloted before rolling it out to all delivery staff in the Trust (next month). When we have some results from the survey, we will look at a variety of measures to improve things locally and raise awareness of the issues that we are facing and push back to our study sponsors for more support from them as necessary.	
1D: Patients (service users) report positive experiences of the service	**UHBW & NBT** Qualitative feedback shows patients are very grateful for this service and quantitative data shows DNA rates are half for those contacted in comparison to those who were not (control group).	**UHBW & NBT** Patients often state they are very appreciative of being called before the appointment as they have an opportunity to clarify any questions that were not clear from the letter they received. With some patients waiting over a year for an appointment it is understandable that some patients maybe disengaged from the service; this phone call can help them to	Elise Sapsford (coordinator), Charlotte Purnell (lead)

UHBW	appreciate the importance of the appt once more.	
	UHBW	

Domain 2: Wellbeing

Outcome	Objective	Action	Completion date
1A: Patients (service users) have required levels of access to the service	Enhance access to wellbeing programmes for underrepresented groups and those at higher risk of poor health and health inequity.	Implement system to monitor the impact of health and wellbeing data for each protected characteristic and to target interventions effectively.	July 2025
1B: Individual patients (service users) health needs are met	Enhance the Trust "It Stops with Me" campaign, "Pro Equity" approach, bystander training, and associated resources.	Develop provision to enhance the knowledge, skills, and confidence of line managers, leaders, individuals and teams regarding the Pro Equity agenda.	July 2025
1C: When patients (service users) use the service, they are free from harm	Increase NHS Staff Survey responses from colleagues regarding the reporting of the last incident of abuse experienced.	Raise the profile of peer support services including Violence and Aggression Advisors, FTSU; Staff Networks; Staff Side, 24/7 wellbeing support (EAP).	July 2025

| 1D: Patients (service users) report positive experiences of the service | Increase NHS Staff Survey responses from colleagues who recommend the organisation as a great place to work and receive treatment. | Continue to report on the WRES and WDES metrics and develop action plans that tackle the main issues of concern. | July 2025 |

Domain 3: Leadership

Outcome	Objective	Action	Completion date
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 members to increase their understanding of ableism	Board anti-ableism development programme	December 2025
	Senior leaders committing to EDI as part of their role	Trust Board members to Pro-equity objectives	March 2026
3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and	Implementation of the Public Health Action Support Team (PHAST) recommendations	Development of a senior led Health Equity Delivery group to monitor progress and provide a	February 2025

The plan to extend the Health Equity objectives has |

how they will be mitigated and managed	covered in the Health Equity Delivery Plan	governance system to the Clinical Quality Group	been approved by Clinical Quality & Outcomes Committee (Feb 2025). UHBW and NBT, alongside Public Health Colleagues will work closely with community partners to prioritise, and co-produce agreed objectives (October 2025).
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	No action as covered by the Pro-equity corporate project, governed by our Senior Leadership Team and the Health Equity Assurance Group.		