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NHS Equality Delivery System 2022 EDS Reporting Template

Version 1, 15 August 2022

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Equality Delivery System for the NHS

The EDS Reporting Template

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

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	Bristol, North Somerset and South Gloucestershire Integrated Care Board (ICB)	Organisation Board Sponsor/Lead		
		Jo Hicks – Chief People Officer		
Name of Integrated Care System	Bristol, North Somerset and South Gloucestershire (BNSSG) ICS			

EDS Lead	Collin Salandy	At what level has this been completed?		
			*List organisations	
EDS engagement date(s)	August 2023 to February 2024	Individual organisation		
''		Partnership* (two or more organisations)	Bristol, North Somerset and South Gloucestershire Integrated Care Board (ICB); North Bristol NHS Trust (NBT); University Hospitals Bristol and Weston Foundation Trust (UHBW); Avon and Wiltshire Mental Health Partnership (AWP)	
		Integrated Care System-wide*	Bristol, North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICS)	

Date completed	28 th Feb 2024	Month and year published	February 2024
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Date authorised		Revision date	

Completed actions from previous year	
Action/activity	Related equality objectives
Not applicable – this is the first BNSSG ICS EDS22 reporting	

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

Domain 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 1: Commissioned or provided services</i>	1A: Patients (service users) have required levels of access to the service	<p>North Bristol NHS Trust (NBT) - Maternity</p> <ul style="list-style-type: none"> • Introduction of BSOT's into Maternity Triage based on best practice of risk assessment in Pregnancy. • 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, their individual needs and preferences. • Personalised care and support plans are incorporated into Badgernet but paper copies are available to prevent digital exclusion. • A centralised booking system is available in other languages. • There is a Midwifery led care and inclusive home birth service. • Interpreting service available 24hrs a day. • We can accommodate special tours and birth planning for those with e.g. learning needs. We also offer a pictorial advice guide for those with reading/language needs. • There is targeted work with the refugee and GRT community. • There is a project called Smile, which was developed by Lisa Kirk Consultant Obstetrician to gain insight into the Somali Community - Focus groups were facilitated to inform practice development. 	1	
		<p>University Hospital Bristol and Weston Foundation Trust (UHBW) - Maternity</p> <ul style="list-style-type: none"> • Introduction of BSOT's into Maternity Triage based on best practice of risk assessment in Pregnancy. • 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, their individual needs and preferences. 	2	

		<ul style="list-style-type: none"> • Personalised care and support plans are incorporated into Badgernet but paper copies are available to prevent digital exclusion. • A centralised booking system is available in other languages. • There is a Midwifery led care and inclusive home birth service. • Interpreting service available 24hrs a day. • We can accommodate special tours and birth planning for those with e.g. learning needs. We also offer a pictorial advice guide for those with reading/language needs. • There is targeted work with the refugee and GRT community. • There is a project called Smile, which was developed by Lisa Kirk Consultant Obstetrician to gain insight into the Somali Community - Focus groups were facilitated to inform practice development. <p><i>NBT and UHBW work together in an Acute Provider Collaborative (ACP), as such, the above points are the same for them. However, UHBW had the following additional elements which may have had an effect on the higher scoring difference:</i></p> <ul style="list-style-type: none"> • 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. • 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 our St.Michael's Maternity Hospital • DNA guideline/policy to reduce poor access to services <p>Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) – Pals & Complaints</p>	1	
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		<ul style="list-style-type: none"> • This is a combined service and an examination of all AWP data across all their PALS and Complaints system was carried out in compliance with the Public Sector Equality Duty, resulting in the Annual Equality Data Report 2022. The Accessible Information Standard was also taken into consideration in reporting. <p>North Bristol NHS Trust (NBT) – Pals & Complaints</p> <ul style="list-style-type: none"> • There are several different methods of contacting NBTs PALS and Complaints services. These include: <ul style="list-style-type: none"> ○ In person drop ins to the office ○ Requesting a ward visit through a PALS/Complaints Officer ○ Telephone call, email, online (first language translatable) webform and in writing by post. In addition, there are close links with local advocacy services who can support individuals to raise a complaint or concern. Information about local advocacy services is on NBTs’ website, and in their information leaflet on how to give feedback. This information is also provided in their acknowledgment letters for complaints. • The PALS & complaints office is situated in the main hospital atrium and the team have access to a private consultation room there. It is wheelchair accessible and provides a quiet confidential space for interactions. There is also access to portable hearing loops should these be required. • PALS & complaints offers a feedback questionnaire which asks the individual if it was easy to find out how to make a complaint/raise concern – with most individuals reporting that it is easy to know how to make a complaint or raise concerns. • Demographic data about service users of PALS and complaints is collected through an ‘About You Form’. This helps to understand whether access is equitable to all patient groups. • Through engagement with representatives from different groups, NBT understands the access barriers that some individuals are experiencing to raising complaints. For example: <ul style="list-style-type: none"> ○ Engagement work with carer representatives showed that they do not often raise complaints for fear of how this may impact on the patient, or because they don’t believe it will change anything. It is helpful to be aware of these cultural barriers (for example, a perception that PALS is the first line of 	2	
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		<p>defence for the NHS) so we can attempt to overcome these with outreach work and by building trust in the local community and demonstrating that raising a complaint or a concern, does lead to change and will not impact on how the individual is treated.</p> <ul style="list-style-type: none"> • There is full access to language and BSL interpreters, as well as on demand interpreting services that enable the patient/service user to make contact. Written responses are regularly provided in other languages as well as in large font letters dependent on the individuals communication needs. • There was collaboration with the patient and carer partners to design NBTs website feedback portal and 'Your experience matters' leaflet, to ensure information on how to give feedback is accessible from the patient's perspective. The leaflet is available across the Trust in the top 5 languages of Bristol and is also available in Easy Read. • NBT's website: <ul style="list-style-type: none"> ○ Includes a video on how to make a complaint in BSL. ○ Contains information on how NBT has responded to complaints and made improvements or changes to services in response to concerns raised. • NBT works closely with community partners such as Healthwatch, the Bristol Deaf Health Partnership, Carers Support Centre and Bristol Sight Loss Council to build trusting relationships and ensure open dialogue and access to PALS & complaints for service users with specific access needs. • NBT also attends outreach events such as Pride, and the Carers Rights Day to promote access to the complaints and PALS services and to try and build trust in these services and understand the barriers to access. • In addition, NBT has an Access and Inclusion lead in the wider Patient Experience team who is looking at groups of patients that they seldom hear from, to understand better how they can build trust, communicate with them, and hear their feedback - This includes access to PALS & complaints when patients have concerns. • NBT's patient experience annual report has a section on the accessibility of the complaints process. This highlights the demographics of individuals who are raising complaints and concerns. It is known that this does not correlate with the local population and that NBT disproportionately hear from women between the ages of 31-45, who are white British and do not have a disability. 		
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		<ul style="list-style-type: none"> NBTs complaints policy has been reviewed by their patient and carer partners to ensure its accessibility. <p>University Hospitals Bristol & Weston NHS Foundation Trust (UHBW) – Pals & Complaints</p> <ul style="list-style-type: none"> 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. 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. There is a Complaints Policy that is accessible online and can be provided in different languages if necessary. <ul style="list-style-type: none"> 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. <p>North Bristol NHS Trust (NBT) – Communications</p>	<p>2</p> <p>2</p>	<p>Tanya Tofts – Head of PALS & Complaints</p> <p>Lucy Jones – PALS & Complaints Manager</p>
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		<p>NBT has a robust programme to engage their patients as well as their carers and families and hear their views on our services. NBT uses a variety of different methods to capture this whether that is through: social media, NHS review websites, complaints & PALS, compliments and ‘Thank You’ initiatives, friends and family test, the National Survey Programme, Patient Stories, Patient Conversations and local surveys. There are also comment cards available in most ward areas.</p> <p>NBT has a well-established (20 year old) patient and carer partnership group with 15 partners who reflect the local patient demographics and the range of care they provide (from maternity to cancer services). NBT’s patient and carer partners provide their views and lived experience into many different activities from reviewing patient communications and leaflets, to sitting on consultant recruitment panels, or participating in Groups and Committees.</p> <ul style="list-style-type: none"> • The Trust regularly shares internal and external communications around EDI awareness events such as: <ul style="list-style-type: none"> ○ Black History Month ○ Disability History Month ○ Pride ○ LGBTQ+ History Month ○ Religious festivals and holidays. • Promotion for these events includes sharing staff stories, promoting work underway at NBT and highlighting and sharing details of various events that take place, like: <ul style="list-style-type: none"> ○ Pride 2023 – hosted flag trail around the Southmead Hospital site featuring information boards describing a number of different flags, as well as sharing staff stories on a dedicated webpage. ○ Black History Month – held a range of in person and virtual events where staff shared their experiences, and shared a range of stories via the Yes You Can project internally, on the NBT website and on NBT social media channels. Three members of staff were also interviewed by ITV West Country, and one of these staff being interviewed by Bristol Community FM and BBC Radio Bristol. Details of the Yes You Can project and staff stories can be found on the NBT website. 		
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		<ul style="list-style-type: none"> ○ South Asian Heritage Month – held stalls of cultural information and traditional cuisine, as well as sharing two staff stories internally, on the NBT website and on social media. One of these stories can be found here and the other can be found here. <p>Accessible Information Standard (AIS) NBT has been dedicated to meeting the national AIS in identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment, or sensory loss.</p> <ul style="list-style-type: none"> ● NBT has been working on an action plan since January 2022 which covers the following key strategic priorities: <ul style="list-style-type: none"> ○ Formal AIS policy and procedure document. ○ Staff training programme. ○ More robust system for producing clinical information for patients. ○ Central oversight of interpreter requests to ensure individuals used are suitable and appropriately qualified in addition to being provided to patients in a timely manner. ○ AIS Steering Group formed of staff and patient representatives. ○ Regular review of patient complaints and patient experience feedback data. ○ System of oversight of AIS with new Electronic Patient Record (EPR) system. <p>Policy</p> <ul style="list-style-type: none"> ● The AIS Policy was proposed by the AIS Steering Group, ratified by the Patient and Carer Experience Group, and published on the Trust Intranet by May 2023, and has been promoted internally. <p>Training and awareness</p> <ul style="list-style-type: none"> ● The steering group led a successful Disability/Accessibility campaign in November 2022 reaching areas of the Trust including Maternity and the Emergency Department. This also included a video outlining the five steps to achieving the AIS, with input from both Deaf and Visually Impaired patient representatives. 		
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		<ul style="list-style-type: none"> • Host two online live Deaf Awareness sessions per year which are delivered by Sign Solutions, our current British Sign Language Interpreter provider. So far over 80 members of staff and volunteers have attended this training. • In the last two years Bristol Sight Loss Council have supported us to run many Visual Loss Training Sessions for both staff and volunteers. There have been 14 sessions, training over 140 members of staff and volunteers. There have also been sessions in the preceptorship courses and four sessions for medical students. • Host the AIS e-learning modules introduction and advanced from NHS England. 39 members of staff have completed the introduction module and 28 have completed the advanced module. • Finally, NBT created and launched a visual loss e-learning package with the Bristol Sight Loss Council in November 2022 and 24 members of staff have completed this. <p>Communication systems</p> <ul style="list-style-type: none"> • A patient information proposal is in circulation. This proposal aims to create more accessible patient information and a more sustainable approach. It aims to use NHS.UK resources and avoid unnecessary duplication. It is planned that this process will begin in early 2024. • Government Digital Service, which is part of the Cabinet Office, is reviewing the accessibility of public sector websites, and in May 2023 identified some accessibility issues with the NBT.nhs.uk website. A huge amount of work has taken place to make the NBT website more accessible, and assurance was provided to the Government Digital Service (GDS) which confirmed in August 2023 that all issues it identified have been resolved. The work undertaken to improve accessibility on the website went further than that requested by GDS but there is still some work to do to be 100% accessible. At the time of the response to GDS, the website was 97% compliant with the WCAG 2 Level AA standard, with further workstreams planned and/or underway. • New Interpreting and Translation Policy ratified and made available on the intranet in May 2023. Also promoted via other internal channels. • NBT is monitoring their fulfilment rate of British Sign Language Interpreters to ensure a minimum of 95% of bookings are fulfilled. Our monitoring information 		
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shows that, on average, we requested 21 bookings per month from July 2022 to May 2023 with an average fill of 95%.

Steering Group

- This steering group has now met five times and continues to work effectively on the action plan.
- The steering group led a successful Disability/Accessibility campaign in November 2022 reaching out into areas of the Trust including Maternity and ED, and a similar campaign is planned for November 2023.

Complaints

- NBT reviews complaints related to AIS quarterly. They have now had 5 complaints reviews. They review complaints, PALS concerns and enquiries and average 5 complaints per quarter at present.
- Complaints help guide them to further actions required such as communications to staff, training for departments or how to use alerts.
- NBT uses this data along with outreach activity and the steering group to get a clear picture of the access we are providing.
- NBT attended the Deaf Information Day in May 2023 and spoke to a wide range of the Deaf community.

Electronic Patient Record

- NBTs new electronic system CareFlow now hosts a full list of Accessible Information /Impairment alerts. When a patient has a communication alert on their record it will flag up to the member of staff accessing their record. We are continuing to work on ensuring these alerts are added effectively and that staff understand how to meet each of the communication needs. We are also working as part of the AIS BNSSG (Bristol, North Somerset and South Gloucestershire) group and our key priorities as a group include patient alerts and creating awareness of AIS amongst our patients in BNSSG.
- Prior to the launch of CareFlow in July 2022 there were 4086 alerts for impairments/disabilities including: Autism, Cognitive impairment, Dementia, Communication Difficulties, Hearing Impaired, Learning Disability, Mobility Impaired and Visually Impaired.

		<ul style="list-style-type: none"> • In June 2023 for the same alerts above there were 4684 records, which is 598 added in a year. • Before CareFlow there were no reasonable adjustment AIS alerts on a patient's record. • In June 2023 there were 282 alerts for AIS reasonable adjustments which include interpreter required, contact method required, contact format required, communication preferences/instructions and communication support used. <p>University Hospitals Bristol & Weston NHS Foundation Trust (UHBW) – Communications</p> <p>UHBW believes that it essential to listen to people's experiences of their services. UHBW has a comprehensive feedback programme in place to capture people's views of the care they provide. This information is used to ensure that they are providing a high-quality service and to carry out improvements where needed. There are a number of channels through which people can give feedback, including:</p> <ul style="list-style-type: none"> • Comments cards • Patient support and complaints team • Online feedback form • The Friends and Family Test survey • A comprehensive post-discharge patient survey programme • Interviews with patients whilst they are in our care • Via the NHS Choices website <p>The Patient Experience and Involvement Team helps to ensure that the patient 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:</p> <ul style="list-style-type: none"> • Joining us as a Foundation Trust Member • Using the 'Your Feedback' form to tell us about experiences here • Contacting our Patient Support and Complaints team 	2	
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		<ul style="list-style-type: none"> • Filling in a 'Tell us about your care' comment card on the ward or outpatient clinic • Using 'NHS Choices' to share your hospital experience • Joining us as a Trust Volunteer • Completing a 'Friends & Family Test' survey • Filling in posted surveys from the Trust • Share your views and experiences of maternity care via the website of 'Maternity Voices' • Taking part in patient and carer focus groups and other discussions • Joining our 'Involvement Network' • Joining our 'Youth Involvement Group' • Becoming a volunteer patient interviewer <p>UHBW has 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. UHBW knows 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.</p>		
	1B: Individual patients (service users) health needs are met	<p>North Bristol NHS Trust (NBT) Maternity</p> <p>As stated in "1A", personalised care plans, tours and birth planning for those with other needs.</p> <ul style="list-style-type: none"> • 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. • Transitional care provision working closely with NICU. Neonatal community team. 	1.5	

		<ul style="list-style-type: none"> • Provision of antenatal, intrapartum and postnatal care based on NICE guidance. <p>University Hospital Bristol and Weston Foundation Trust (UHBW) Maternity</p> <p>As stated in “1A”, personalised care plans, tours and birth planning for those with other needs.</p> <ul style="list-style-type: none"> • 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. • Transitional care provision working closely with NICU. Neonatal community team. • Provision of antenatal, intrapartum and postnatal care based on NICE guidance. <p><i>NBT and UHBW work together in an Acute Provider Collaborative (ACP), as such, the above points are the same for them. The differences in scores could be for a number of reasons and this could be explored further</i></p> <p>Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) - Pals & Complaints</p> <p>The trust:</p> <ul style="list-style-type: none"> • Promotes services externally on the website which has translation tools embedded. • Regularly refer to advocacy services and advertise their role. • Has a BSL film for PALS • Has Deaf clients use of Sign Video link https://patientadviceandliaisonservice.signvideo.net offered – this is on our leaflet / website • Provide PALS leaflets in other languages when requested 	<p>2</p> <p>1</p>	
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		<ul style="list-style-type: none"> Promote ASK, LISTEN, DO Record information and communication needs and ensure we make reasonable adjustments for people under the Accessible Information Standard. Promote people's rights under AIS on our website Has leaflets in easy read Has a dedicated PALS leaflet for CAMHS (designed by Barnardos in with young people) <p>North Bristol NHS Trust (NBT) - Pals & Complaints</p> <ul style="list-style-type: none"> The Trust's complaints policy, and approach encompasses the principles of Ask, Listen, Do and: <ul style="list-style-type: none"> Will make reasonable adjustments throughout the complaints/PALS process to ensure the needs of the service user are met. Ensures this is flagged so the individual is supported appropriately throughout the complaints process. As part of NBTs Accessible Information Steering Group they undertake a quarterly review of complaints and feedback regarding accessibility, which includes looking at those who may have struggled to give feedback, or raise a complaint/PALS concern. NBT has a Complaints Lay Review Panel who meets quarterly and reviews a random selection of anonymised complaints. The panel reviews the Trust against NBTs own policy alongside national best practice such as PHSO national guidelines. The panel provides a rating and feedback about how the organisation has met the person raising concern's needs, and handled the complaint. <p>University Hospital Bristol and Weston NHS Foundation Trust (UHBW) - Pals & Complaints</p> <ul style="list-style-type: none"> 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. 	<p>3</p> <p>2</p>	
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		<ul style="list-style-type: none"> • The team will document complaint details where necessary to prevent the complainant needing to do this • 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. <p>North Bristol NHS Trust (NBT) Communications Electronic Patient Record</p> <p>NBT has a robust programme to engage our patients, their carers and families and hear their views on our services. We use a variety of different methods to capture this whether that is through: social media, NHS review websites, complaints & PALS, compliments and 'Thank You' initiatives, friends and family test, the National Survey Programme, Patient Stories, Patient Conversations and local surveys. There are also comment cards available in most ward areas.</p> <p>We have a well established (20 year old) patient and carer partnership group with 15 partners who reflect our local patient demographics and the range of care we provide (from maternity to cancer services). Our patient and carer partners provide their views and lived experience into many different activities from reviewing patient</p>	2	
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		<p>communications and leaflets, to sitting on consultant recruitment panels, or participating in Groups and Committees.</p> <ul style="list-style-type: none"> • NBTs new electronic system CareFlow now hosts a full list of Accessible Information /Impairment alerts. When a patient has a communication alert on their record it will flag up to the member of staff accessing their record. We are continuing to work on ensuring these alerts are added effectively and that staff understand how to meet each of the communication needs. • NBT is also working as part of the AIS BNSSG (Bristol, North Somerset and South Gloucestershire) group and our key priorities as a group include patient alerts and creating awareness of AIS amongst our patients in BNSSG. • Prior to the launch of CareFlow in July 2022 there were 4086 alerts for impairments/disabilities including: Autism, Cognitive impairment, Dementia, Communication Difficulties, Hearing Impaired, Learning Disability, Mobility Impaired and Visually Impaired. • In June 2023 for the same alerts above there were 4684 records, which is 598 added in a year. • Before CareFlow there were no reasonable adjustment AIS alerts on a patient's record. • In June 2023 there were 282 alerts for AIS reasonable adjustments which include interpreter required, contact method required, contact format required, communication preferences/instructions and communication support used <p>University Hospital Bristol and Weston Foundation Trust (UHBW) – Communications Accessible Information</p> <ul style="list-style-type: none"> • It is important that patients receive information that they can understand and can communicate with UHBW about their care and treatment. • Patient information can be provided in a range of formats to meet individual needs, for example as, leaflets, audio files, Braille and written translation • The Medway system allows for manual formatting of letters into large front, contrasting colours, etc., as well as Braille, audio or other types of format, that can't be done in MS Word. 	2	
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		<ul style="list-style-type: none"> • When a patient requires letters in an alternative format, the supplier of automated appointment letters (Synertec) can adhere to this format when they send letters out. • There is access to a large range interpreting support for our patients. • The hospital's passports support the care of children and adults with learning disabilities and autism when going to hospital, providing staff with information about the patient and their carers. Adult learning Disabilities Team can 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. • Hearing loops are available <p>Translating and Interpreting</p> <ul style="list-style-type: none"> • UHBW is committed to meeting the communication needs of the Trust's 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 stay / appointment. These Connect pages provide 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 • The Trust's provider of translating services, can translate leaflets, patient letters and other documentation written in English in to a huge range of languages, including Braille or from other languages in to English. • UHBW has two separate services covering adults with learning disabilities (LD) and autistic spectrum disorders (ASD), and children with disabilities and complex needs. <p>Adults (all hospitals in UH Bristol where over 18's are cared for)</p> <ul style="list-style-type: none"> • 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 		
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		<p>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.</p> <ul style="list-style-type: none"> • 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. <p>Children (all hospitals in UH Bristol from 0-18)</p> <ul style="list-style-type: none"> • There is no dedicated LDLN cover for Bristol Royal Hospital for Children. The Paediatric Disability Team support children with “a life-long physical, sensory or mental impairment which leads to the loss, or limitation of opportunity, to participate in the mainstream hospital community on an equal level with others due to physical and social barriers.” (BRHC Children’s Disability & SEN Working Group, 2019). • 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 to encourage inclusivity, acceptance and understanding of disabilities, conditions or chronic illnesses 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 - patients of all ages, their families and friends, and staff - that identify as LGBTQIA+. • 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. 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. 		
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	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>North Bristol NHS Trust (NBT) Maternity</p> <ul style="list-style-type: none"> • 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 . • Culture of high level of incident reporting, reviewing and learning. • Safety champions in place at board and operational level. Regular safety walkabouts. • Training in obstetric emergency, safeguarding and foetal wellbeing. • Complaint response reviews with MNVP involvement. • Regular feedback from service users via Maternity and Neonatal Voice Partnership (MNVP) <p>University Hospital Bristol and Weston NHS Foundation Trust (UHBW) Maternity</p> <ul style="list-style-type: none"> • 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. • 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. • Training in obstetric emergency, safeguarding and foetal wellbeing. • Complaint response reviews with MNVP involvement. <p><i>NBT and UHBW work together in an Acute Provider Collaborative (ACP), as such, the above points are the relatively the same for them and their scores reflect this.</i></p>	<p>2</p> <p>2</p>	
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		<p>Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) – Pals & Complaints</p> <p>The PALS and Complaints team</p> <ul style="list-style-type: none"> • Receive training in Safeguarding Adults and Children • Receive regular supervision, management and clinical where case management is reviewed, including management of risks and escalation processes. • Work with a clear escalation processes. • Have access to AWP Safeguarding advice and attend Safeguarding Huddles. • Work closely with senior clinical colleagues to access clinical advice and guidance. • Service is confidential unless there are risks to individuals or others. <ul style="list-style-type: none"> ○ Receive training and are clear when there is a duty to share information. <p>North Bristol NHS Trust (NBT) - Pals & Complaints</p> <ul style="list-style-type: none"> • All complaints and PALS are risk assessed upon receipt. If they are risk assessed as 'red' (indicating a level of harm) the Patient Safety Team are made aware. A weekly corroboration takes place to ensure the Patient Safety Team and the Executive Review Group are aware of any new high risk complaints. • Complaints and PALS concerns are not held on patient records and having raised a complaint or a concern will not impact on the patient's care. <p>University Hospital Bristol and Weston Foundation Trust (UHBW) – Pals & Complaints</p> <ul style="list-style-type: none"> • 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 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 <p>North Bristol NHS Trust (NBT) Communications</p>	<p>1</p> <p>2</p> <p>2</p> <p>2</p>	
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		<p>NBT has a robust programme to engage our patients, their carers and families and hear their views on our services. We use a variety of different methods to capture this whether that is through: social media, NHS review websites, complaints & PALS, compliments and 'Thank You' initiatives, friends and family test, the National Survey Programme, Patient Stories, Patient Conversations and local surveys. There are also comment cards available in most ward areas.</p> <p>We have a well established (20 year old) patient and carer partnership group with 15 partners who reflect our local patient demographics and the range of care we provide (from maternity to cancer services). Our patient and carer partners provide their views and lived experience into many different activities from reviewing patient communications and leaflets, to sitting on consultant recruitment panels, or participating in Groups and Committees.</p> <p>University Hospital Bristol and Weston Foundation Trust (UHBW) – Communications</p> <p>Reference is made to the Patient Advice and Liaison Service (PALS) and Complaints Team in relation to free from harm. The team aims to resolve any concerns, queries or questions that our patients, their families or members of the public raise with us about the Trust. There are a variety of ways in which patients can contact the Trust and they can use the method that suits them best:</p> <ul style="list-style-type: none"> • Complete an online enquiry/concerns/compliment form • Write to PALS and Complaints Team • Telephone • Email • In person 	2	
	1D: Patients (service users) report positive	<p>North Bristol NHS Trust (NBT) Maternity</p> <ul style="list-style-type: none"> • Utilisation of MNVP feedback, friends and family and patient surveys. • New collaboration with MNVP held meeting, ensuring feedback is heard and quality improvement projects can be fed back to service users (complete feedback loop) 	2	

	<p>experiences of the service</p>	<ul style="list-style-type: none"> Actively sought feedback from BME 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 <p>University Hospital Bristol and Weston Foundation Trust (UHBW)</p> <p>Maternity</p> <ul style="list-style-type: none"> Patient experience group correlating feedback and forming action plans based on MNVP feedback, friends and family and patient surveys. There is a new collaboration with MNVP with meeting held Actively sought feedback from BME communities and working within the Black maternity matters project Monthly survey, national maternity survey and "you said we did". Monitoring complaints and themes and create action plans around these. <p>Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) – Pals & Complaints</p> <ul style="list-style-type: none"> Trust has a praise module within the Ulysses database for all staff across the organisation, including PALS, to input and capture evidence of praise/feedback when offered. This can be verbal or written. Online survey offered at a number of points of contact throughout the complaints process. PALS staff are regularly thanked and praised for the service they give. <p>North Bristol NHS Trust (NBT) - Pals & Complaints</p> <ul style="list-style-type: none"> Patient stories from those who have used the PALS and Complaints services shared at Board Level Feedback sought from those who have accessed the PALS and complaints services at the end of the process. Feedback from users of PALS shows that 83% would recommend the service See above- complaints lay review panel There is a low return rate for complaints (5%) 	<p>2</p> <p>1</p> <p>3</p>	
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		<ul style="list-style-type: none"> All complaints and PALS staff have regular team meetings where they receive training from: Learning Disabilities Team, Dementia Team, Carers Liaison Service. They also complete mandatory training including EDI training and Oliver McGowan Training. The team have also received visual loss awareness training from the West of England Sight Loss Council and are able to provide sighted guiding if required. <p>University Hospital Bristol and Weston Foundation Trust (UHBW) – Pals & Complaints</p> <ul style="list-style-type: none"> 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) <p>North Bristol NHS Trust (NBT) Communications</p> <p>NBT has a robust programme to engage our patients, their carers and families and hear their views on our services. We use a variety of different methods to capture this whether that is through: social media, NHS review websites, complaints & PALS, compliments and ‘Thank You’ initiatives, friends and family test, the National Survey Programme, Patient Stories, Patient Conversations and local surveys. There are also comment cards available in most ward areas.</p> <p>We have a well established (20 year old) patient and carer partnership group with 15 partners who reflect our local patient demographics and the range of care we provide (from maternity to cancer services). Our patient and carer partners provide their views and lived experience into many different activities from reviewing patient communications and leaflets, to sitting on consultant recruitment panels, or participating in Groups and Committees.</p>	<p>1</p> <p>1</p>	
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		<p>University Hospital Bristol and Weston Foundation Trust (UHBW) – Communications</p> <p>The ‘Patient Experience Hub’ brings together the majority of patient feedback sources in to one system called IQVIA. The purpose of the Patient Experience Hub is:</p> <ul style="list-style-type: none"> • 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 <p>Patient feedback sources uploaded to the Patient Experience Hub include, but are not limited to:</p> <ul style="list-style-type: none"> • Monthly postal survey data for inpatients, outpatients and maternity services • Friends and Family Test data, collected via paper cards, digitally (website / smartphone / SMS message) • Local departmental patient surveys (which must be approved by the Questionnaire, Interview and Survey Group (QIS)) • Touchscreens within Trust hospital premises. 	1	
Domain 1: Commissioned or provided services overall rating			19.2	

Organisations are required to provide an organisation rating, created by adding outcome scores together. Each outcome is to be scored based on the evidence provided. Once each outcome has a score, they are added together to gain domain ratings. Using the middle score out of the three services from Domain 1, domain scores are then added together to provide the overall score, or the EDS organisation rating. The scoring system allows organisations to identify gaps and areas requiring action.

The middle/average score of the three services was 19.8 (AWP: 4; NBT: 7.8; UHBW: 8). See appendix for details.

Some narrative is provided around the services across all the domains utilising word cloud technology

Maternity

Maternity 1A: Patients (service users) have required levels of access to the service – Ensuring that the care needs of the community is well planned and available through a reliable personalised service, based on best practice to enable the best birthing outcomes for all.



Maternity 1B: Individual patients (service users) health needs are met – Providing the best possible care through a dedicated team supporting the individual through pregnancy.



Maternity 1C: When patients (service users) use the service, they are free from harm – Safety is a priority and teams regularly work closely, review and include feedback from mnvp to ensure a safe environment place where complaints and other voices can be heard.



Maternity 1D: Patients (service users) report positive experiences of the service – Ensuring that feedback for maternity is captured through the surveys from patients and mnvp to inform collaborative action planning.



PALS & Complaints

PALS & Complaints 1A: Patients (service users) have required levels of access to the service – To put in place a PALS & Complaints service that is accessible and based on the information from individuality of patient feedback



PALS & Complaints 1B: Individual patients (service users) health needs are met – To ensure that the trusts' PALS & Complaints teams review feedback information received through e.g. surveys, listen to these and make adjustments to leaflets, websites accordingly and promote, to meet the needs of patients.



PALS & Complaints 1C: When patients (service users) use the service, they are free from harm – Ensure when complaints are raised and received by the safety team, that patients are safeguarded through clinical risk management.



PALS & Complaints 1D: Patients (service users) report positive experiences of the service – Take the PALS & Complaints feedback from surveys and use to inform process and services that benefits the patient but also praises staff and their teams



Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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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	<p>Avon and Wiltshire mental Health Partnership Trust (AWP) - Workforce health and well-being</p> <ul style="list-style-type: none"> • AWP's assessment shows they do well to support staff and provide information on Mental Health, but need to improve on physical health support. They also do not have the capability to monitor by protected characteristics so this is an area for improvement. • Staff health data shows us <ul style="list-style-type: none"> ○ That in terms of mental health 8% less stress in BAME population due to work related stress in last 12 months ○ In terms of physical health, for MSK there is a disparity of 7% from the staff survey against BAME staff (Evidence Source: AWP Staff Survey 2022) • In 2021, 380 physical health checks taken up based on 500 Covid risk assessment that scored red and amber. (Evidence Source: Estimated figures from AWP collected data.) • Overall, the evidence shows that BAME background are less stressed but they suffer more physical health needs. • AWP's response to these HWB needs has been to provide support to staff through: <ul style="list-style-type: none"> ○ Risk Assessments (e.g. Covid Risk Assessments) ○ Staff Wellbeing Booklet (self-help and resource) ○ Ourspace/Intranet information ○ Wellbeing Hubs in localities ○ Walking challenge to support physical and mental health ○ Staff traumatic stress service for clinical intervention ○ Occupational Health and EAP referrals <p>North Bristol NHS Trust (NBT) - Workforce health and well-being</p> <ul style="list-style-type: none"> • Obesity: Health checks for staff include: BMI, Heart Rate, Blood Pressure, Cholesterol, 1 lead and 6 Lead ECG. Access to onsite Green Gym. Gym Discounts Diet and nutrition advice all available on My Body Icon on the following intranet Link: https://link.nbt.nhs.uk/Interact/Pages/Content/Document.aspx?id=22788 	1	
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- Diabetes: Diabetes Blood sugar check offered at winter wellbeing Health checks: Blood pressure, heart rate, oxygen saturation, 1-lead and 6-lead ECG, Cholesterol, BM check (diabetes), Height, Weight (BMI estimation)
- Asthma: Oxygen saturation test offered at Staff Health Checks COPD - None Mental Health My Mind home page - https://link.nbt.nhs.uk/Interact/Pages/Content/Document.aspx?id=22789&SearchId=10549589&utm_source=interact&utm_medium=quick_search&utm_term=My+mind
- Staff psychology team support for teams and individuals psychological needs related to work. Individual support includes 1;1 talking therapies for work related issues Disciplinary proceedings, attending Coroners court, legal proceedings or support following a trauma related incident at work and Staff trauma support network.
 - For teams they offer: Pit stop training, start well end well training, Trauma awareness training and Act for wellbeing course for managers.
 - Trustwide, they offer Breathing space mindfulness sessions, and Schwartz rounds. New Trauma support pathways for staff in severe mental distress guidance created by Staff Psychology team and Mental Health Liaison Team, which supports staff to access appropriate mental health support when in acute distress.
 - EAP Program available for all psychological needs work related or otherwise and support for immediate family members. Support ranges for anything that affects your mental health from legal disputes to housing, divorce family issues and debt. EAP is accessible 24/7. The EAP program also has an App through which you can access counselling podcasts wellbeing plans and trackers.
 - Details of all these offers available on Leaflets flyers posters.
 - Occupational Health also offers psychological support a new Clinical psychologist role has been recently recruited to support neurodiverse staff and other psychological support needs.
 - NBT work related stress policy and toolkit.
 - Wellbeing conversations toolkit introduced
 - Enhanced suicide support pathways being explored. Zero Suicide alliance training available on LEARN. Suicide Support awareness event held 10th September.
 - Mental health awareness session held in October 23 with Nilaari to support black communities / People of Global majority access culturally appropriate Counselling support.
 - Spiritual Pastoral and Religious Care team Sparc offer support to the whole hospital community and offer prayer services.

- Sickness Absence Supporting positive attendance policy in place to support staff and management with sickness absence. Occupational Health support is available for advice on managing sickness long term health conditions disability and Reasonable adjustments. NBT workforce information team able to support with strategic high level and team level data on sickness absence. People team is aligned divisionally to support with HR advice on sickness absence to both staff and managers. The EAP also provides advice on sickness related issues in the workplace. Risk assessments available for work related stress / pregnancy /maternity/ breast feeding /DSE/Manual handling.
- Menopause trained nurses also available to support with menopause related issues. Menopause support page on intranet Menopause training available for managers webinars regular events including menopause cafe.
- Fast track Staff Physiotherapy service Physio Direct is available for MSK related issues. RTW discussion toolkit and wellbeing conversations toolkit available.
- Roving Clinics have also been implemented for hard-to-reach populations of staff at the trust. Staff vaccination clinic offers Flu and Covid vaccination to all staff alongside health checks. Covid 19 Guidance for managing health care staff with symptoms of covid 19 is available on Link. The vaccination clinic offers covid boosters to all health care staff.
- Onsite GP and dentistry services and physical health support are being explored as part of the clinical strategy work to support staff health and wellbeing.

University Hospital Bristol and Weston Foundation Trust (UHBW) - Workforce health and well-being

2

- 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.

- 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.

Bristol, North Somerset, South Gloucestershire Integrated Care Board (BNSSG ICB) - Workforce health and well-being

1

- Reasonable adjustment process available to all staff including those with long term health conditions. Specific guidance launched in March 23 with allocated budget and centralised HR process to ensure fair and systematic approach to reasonable adjustments for all staff.
- Health Assured EAP available to all staff, provides a range of resources for physical and mental health and wellbeing inclusive of guidance on healthy snacking:
 - (<https://healthassuredeap.co.uk/healthy-snacking/>), eating disorders
 - (<https://healthassuredeap.co.uk/eating-disorders/>), 4 week healthy eating programme
 - (<https://healthassuredeap.co.uk/eat-well/>), 4 week stop smoking plan
 - (<https://healthassuredeap.co.uk/quit-smoking/>), depression awareness
 - (<https://healthassuredeap.co.uk/depression-awareness/>), mindfulness
 - (<https://healthassuredeap.co.uk/mindfulness-2/>), resilience support
 - (<https://healthassuredeap.co.uk/be-more-resilient/>) and counselling services (telephone, online and face to face - <https://healthassuredeap.co.uk/our-services/>).
- Wellbeing Hub on the intranet - <https://thehub.bnssg.icb.nhs.uk/find-teams/hr/wellbeing/>

		<ul style="list-style-type: none">• Occupational Health available for all staff.• Mental Health First Aiders available and their training updated (most recently in 2023 via Mental Health First Aid England)• Covid - specific guidance provided to all staff with all staff risk assessments undertaken. Staff worked from home except in specific circumstances where additional risk assessments were undertaken.		
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	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) - Workforce health and well-being</p> <ul style="list-style-type: none"> • Across the data reported there are mixed findings, with some improvement and some areas for BAME and Disabled staff that have not improved as much as for White or Non-Disabled staff. In light of this, work needs to continue to work on the trust's EDI action plans as described in their published reports. For assessment under this outcome, please refer to the trust's published data evidence related to: <ul style="list-style-type: none"> ○ Workforce Race Equality Standard (WRES) ○ Workforce Disability Equality Standard (WDES) • Since 2022-23, the trust's latest WRES indicator 5 data shows that there has been no decrease in the percentage of BAME staff experiencing bullying, harassment and abuse from patients, relatives and members of the public. In contrast, there has been there has been 3% decrease in White staff experiencing such behaviour (Source: WRES) • The latest WRES data shows that the percentage for BAME staff experiencing bullying, harassment and abuse from staff is 1% lower than in 2022-23 reporting year (Source: WRES) • There has been a consistent decrease in the percentages over the last 4 years of Disabled and Non-disabled staff reporting they have experienced bullying, harassment and abuse from patients, relatives and members of the public. Despite this disabled staff are still more likely to experience such behaviour than Non-disabled staff. Data for 2023 shows 28% of non-disabled staff experienced such behaviour compared to 33% of disabled staff this (Source: WDES) • There has been a 2% decrease (from 19%) since the 2022-23 reporting year of Disabled staff reporting they have experienced bullying, harassment and abuse from managers. The 17% for 2023-24 reporting year is the lowest percentage since the introduction of WDES in 2018. However, the percentages for disabled staff are still higher than those for Non-disabled staff • Our latest WDES data shows that 23% of disabled staff experienced bullying, harassment and abuse from colleagues, compared to 13% of non-disabled staff. This 10% percentage gap between them continues to exist since the 2021-22 WDES reporting data • A Violence and Abuse Reduction Group has been set up to understand the frequency and severity of incidents across the Trust with the aim of providing appropriate responses to reduce such behaviour and incidents across all staff groups. • From data collected by the Freedom to Speak Up Guardian, there were 143 incidents reported related to Bullying/Staff Wellbeing/Relationship Issues (out of 175 incidents in total). One incident was identified as Racism. Data Source: September 2022 to June 2023. 	<p>2</p>	
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	<p>North Bristol NHS Trust (NBT Workforce health and well-being</p> <ul style="list-style-type: none"> Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months - Ethnic Minority Groups this is almost 5% below national Acute and Community Trust average. Over the past 5 years this has risen by 1.2% for ethnic minority staff and 0.8% for white staff at NBT. Overall Ethnic Minority staff report lower levels of HBA from patients relatives and the public than their white counterparts - than their white counterparts 27.4% vs 25.9% although it is recognised staff survey response rates among EM staff is lower than white counterparts 51% vs 40% therefore it's likely that there is an element of under reporting. WRES Bullying Harassment and Abuse BME BHA from staff in past 12 month overall decrease for all groups white and ethnic minority over the past 5 years however the incidence is still higher for ethnic minority groups 23.5% vs 21.6 for white staff. WRES Ethnicity Data - Discrimination on the grounds of Ethnicity was cited as the most frequently reported type of discrimination across all ethnic groups the data shows a slight improvement from 2021. Ethnicity related discrimination is reported at lower levels at NBT than comparator trusts 52.2% Vs 47.5% Trustwide. However, for black and Asian colleagues the reported levels of ethnicity related discrimination is over 30% above Trustwide levels. Bullying Harassment and Abuse Disability WDES Metric 4A % of staff experiencing HBA from patients Service Users Relatives and Public over past 12 month has increased by 2.1% over past 5 years. Conversely staff without illness or LTC have reported a decrease of 0.3% over the same 5 years and is below Acute Community trust provider average. NBT results are above ACT provider average for staff with LTC or Illness - 33% vs NBT 34.8% this has steadily risen by 2.1% over the same 5 years. Staff Survey Health and Wellbeing BME - Q11a My organisation takes positive action on health and wellbeing 65% of BME staff agreed in comparison to 58.4% of white staff and 59.5% Trustwide. Q11b 62% of BME colleagues reported MSK problems associated with work activities this is 85 lower than white colleagues and 7% less than Trustwide. 5% fewer BME colleagues reported they had not felt unwell due to Work related stress than their white colleagues 59.1% vs 53.9% (no being a positive score) This was 4% lower than Trustwide figures. Lower levels of presenteeism were also reported among BME colleagues in the 2022 staff survey. Fewer BME colleagues reported finding work emotionally exhausting and feeling burnout than their white counterparts 2.5 - 3% variation on both scores. BME colleagues reported significantly lower levels of frustration with 35% stating never or rarely compared to white counterparts 16.4% and Trustwide 20% Overall BME colleagues reported lower levels of frustration, burnout and tiredness than their white counterparts however when asked if they found every hour tiring their results were 4% worse than their white counterparts and Trustwide. 	2	
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Staff Survey Health and Wellbeing Age

- Over 60% of all age groups except for 21-30 9(52%) agreed with the statement organisation takes positive action on health and wellbeing.16-20 and 66+ age group had the most respondent that agreed with this statement.
- Q11c During the last 12 months have you felt unwell as a result of work related stress
- Highest amounts of work-related stress reported in 16- 20 age group with only 30% of respondents saying No. 21-30 age group only 45% said no. The age group reporting the least amount of stress was 66+ 79% said they hadn't felt unwell due to work related stress in the last 12 months followed by 51-65 age group where 59% stated the same. So older workers are significantly less likely to feel unwell as a result of work-related stress.
- Q11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities (No).
- Age group 51-65 most likely to have experienced MSK issues 35% of staff said they had compared to 32% trust wide. Overall over 20% in every age group reported MSK issues due to work related activities
- Q12b How often, if at all, do you feel burnt out because of your work Never / Rarely
- Highest levels of burnout in 16-30 age group almost 80% of younger respondents reported burn out. Oldest age groups 51-66+ reported the least amount of burnout.
- Presenteeism highest among 16-30 age groups
- Physical Violence at work BME Results in all three areas show a slightly worse picture for BME colleagues 1-2% variation between white and BME colleagues on experiencing violence from patients staff public and manager. Reporting of violence is better among BME staff than white counterparts 68.1% vs 72.7%. Harassment Bullying and abuse all three areas patients staff public managers sees only a slight difference between white and BME colleagues however reporting of these incidents is 4% lower among BME staff. Experiences of discrimination from members of the public was 14% worse for BME colleagues than white counterparts and discrimination from managers leaders' colleagues was reported as being 11% worse for BME colleagues. (Q20) I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc) 68% BME of colleagues positively answered this is slightly lower than white counterparts. Q30B Has your organisation made reasonable adjustments to help you carry out your work? 70.5% of BME colleagues responded positively 2.6% lower than white colleagues and 2.4% lower than Trustwide score. Scores relating to kindness respect and appreciation (Q8b-8d) did not reveal any significant differences between BME colleagues' white colleagues and Trustwide scores. However, when asked about feeling a strong

attachment to this team BME colleagues reported this 4% less than white counterparts. Enjoying working with the colleagues in my team was also 4% lower among BME colleagues.

Physical Violence WDES

- 83.8% of staff with an LTC never experienced physical violence at work from patients / service users, their relatives or other members of the public in the last 12 month this is marginally less 1% than those staff with no LTC. Reporting of violence among staff with an LTC is 4% lower than those with no LTC. No variation between LTC staff and No LTC staff for violence form managers and less 1% difference between the responses for violences form colleagues.
- Physical Violence Gender Q13a- 13d
- Physical violence form patients service users MOP most likely source of violence with 15.2% indicating they had experienced violence in the last 12 months Trustwide. Made colleagues were most likely to experience violence and least likely to report it with a a10% difference in reporting between males and females.

Physical violence Age

- 16-20 age group reported personally experiencing physical violence at work from patients / service users, their relatives or other members of the public. With only 74% reporting this as never in the last 12 months. 21- 30 personally experienced physical violence at work from patients / service users, their relatives or other members of the public (Never)age group marginally better 76.2% reporting this as never both age groups significantly lower than trust average at 84.8% older age groups 51-65 (90%) and 66+ (94.3%) of staff reported much lower experiences of violence.

Physical violence - Overall

- 99% of respondents across all age groups/ genders and abilities stated they never experienced violence from their manager in the last 12 months. The only exception to this is
- BME colleagues where 98.7% just slightly fewer than all other PC groups stated they had never experienced violence from managers.

Bullying Harassment and Abuse Gender

- In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public (Never). 78% of Male colleagues reported this as never 7% more than female colleagues at 71% so more female colleagues experience this than male colleagues. Those colleagues who preferred not to reveal their gender (67%) the score was significantly lower than the trust average of (73%).

Bullying harassment and abuse by Age

	<ul style="list-style-type: none"> • Q14a In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public (Never) • Younger age groups most affected - 16-20 age group only 55.6% stated they had never experienced HBA from patients relatives MOP. 21- 30 68.3% said hey had never experienced this. • Bullying from colleagues highest amongst 16-20 age group with only 77% saying that In the last 12 months they had never personally experienced harassment, bullying or abuse at work from other colleagues 5% more than 82% trustwide. Reporting of bullying is also highest amongst this age group. (58.3%) <p>Health and Wellbeing by Gender</p> <ul style="list-style-type: none"> • My organisation takes positive action on wellbeing similar perception across men and women no significant difference. • MSK issues women more likely to suffer Mk Issue than men 5% more women reported MSK issue in work place than men. • Work related stress women reported higher levels of work related stress than men with only 53% saying they hadn't felt unwell in the last 12 months due to WRS compared to 61% of men (Trustwide 55%) • Presenteeism Men reported lower levels of presenteeism just under 50% of men had attended work despite not feeling well enough to attend to their duties compared to 59% of women. • Burnout among women is 7% higher than men 27% vs 34% respectively <p>University Hospital Bristol and Weston Foundation Trust (UHBW) Workforce health and well-being</p> <ul style="list-style-type: none"> • People Strategy and Workplace Wellbeing Strategic Framework objective: Eliminate Violence and aggression, bullying and harassment from colleague's working lives. Key areas of focus: <ul style="list-style-type: none"> ○ Governance: work programmes align to national violence and aggression standard (baseline position established) with strategic oversight by the Chief People Officer (CPO) and Board. ○ Robust Trust wide approach: ensures fair and consistent management of violence and aggression across organisation. ○ 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. 	2	
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- 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.
- 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.

Bristol, North Somerset, South Gloucestershire Integrated Care Board (BNSSG ICB) - Workforce health and well-being

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- WDES 4A - Likelihood of bullying and harassment. Has increased across organisation from previous year.– patients – 12 disabled staff (12.1%) experienced bullying from patients, increased from 8 staff (10.5%) last year, this was 4.3 percent higher than that of non-disabled staff 23 staff or 7.8%. The national average was 10.7% (NHS Staff Survey). Likelihood of bullying and harassment – managers – 16 disabled staff (16.3%) experienced bullying and harassment from managers, increased from 10 staff (10.7%) last year, (representing a 5.6% increase). This number was 10.2 percentage points higher than non-disabled staff (18 staff or 6.1%). The national average was 15.2% (NHS Staff Survey). Likelihood of bullying and harassment – other colleagues – 21 disabled staff (21.4%) experienced bullying and harassment from other colleagues, increased from 11 staff (14.5%) last year (representing a 6.9% increase). This number was greatly over 15.2 percentage points higher than non-disabled staff 18 staff or 6.2%).

	<ul style="list-style-type: none"> • WRES - Likelihood of bullying and harassment experienced has decreased since last year. 29 ethnic minority staff responded, 2 ethnic minority staff (6.9%) experienced bullying, harassment or abuse from patients, relatives or the public; the number has decreased on the previous (3 staff, 11.5%), 363 white staff responded to the survey question. 33 white staff (9.10%) experienced harassment, bullying or abuse from patients, relatives or the public. The national average was 8.3% for ethnic minority staff and 7.9% for white staff (NHS Staff Survey). 2 ethnic minority staff (6.90%) experience bullying, harassment and abuse from other staff, this is a reduction from 4 staff (15.40%) the previous year, 9 staff (29%) in 2020/21 and 6 staff (25%) in 2019/20. 56 white staff (14.5%) experienced harassment, bullying or abuse from other staff in the last 12 months. The national average of bullying and harassment from staff in 2021/22 was – 20.0% for ethnic minority staff and 15.5% for white staff (NHS Staff Survey). For 93.5% of trusts, a higher proportion of BME staff compared to white staff experienced harassment, bullying or abuse from staff in last 12 months. For 71.5% of trusts, a higher proportion of BME staff compared to white staff experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months. • Staff Survey 2022 (https://public.tableau.com/app/profile/piescc/viz/ST22_local_full_data_2023_03_09_FINAL/Aboutthissurvey) - 99.5% Never experienced physical violence from patients (year on year improved response)., 100% never experienced violence from managers, 100% never experienced violence from colleagues. 91.1% never receive harassment or bullying from patients (improvement from last year), however 91.4% never received abuse from managers (2021 was 92.6%), 100% never received abuse or harassment from colleagues. • FTSU - Case example in 2023 where issue escalated concerns via FTSU for investigation - elements of harassment in the case (managed through grievance and disciplinary processes). 2023 FTSU policy updated and relaunched. 		
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	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<p>Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) - Workforce health and well-being</p> <ul style="list-style-type: none"> • Explore ways of providing support which is more specific to people with protected characteristics. Identify other data sources that could inform support provided. • Staff across all protected characteristics have the following channels of support and independent advice: <ul style="list-style-type: none"> ○ Freedom To Speak UP reporting channels through AWP's FTSU Guardian, 111 FTSU champions across all areas of the Trust, and anonymised reporting routes (e.g. QR Code online reporting and FTSU App) ○ Quarterly workshops aimed at exploring the causes of Bullying and Harassment and offering / planning effective support and prevention ○ Intranet resources dedicated to Health and Wellbeing which includes Trauma Support ○ Managers/121/wellbeing conversations ○ EAP Referrals ○ HR support for investigation and guidance ○ Access to staff traumatic stress service where staff need clinical intervention ○ A Prevention of Bullying, Harassment and Intimidation Network group ○ EDI Group/Staff Networks covering Faith & Spirituality; Race; Gender ; Disability; LGBTQ+; and Bank Staff EDI Group ○ Staff Support Debriefs provided after distressing/traumatic incidents <p>North Bristol NHS Trust (NBT) - Workforce health and well-being</p> <ul style="list-style-type: none"> • Employee Assistance program offers independent support line 24/7 the program also offers Counselling CBT and where necessary sign posts to FTSU at NBT. Total of 5 calls received on B&H from Sept 22 to Oct 23. Harassment and Bullying advisors' roles created to support staff with: Be able to help staff understand Trust's Harassment and Bullying policy (soon to be Fairness at Work policy) and processes for dealing with harassment and bullying. Provide support and guidance to help staff members make informed decisions on how they would like to proceed. Support staff members' wellbeing and signpost them to the relevant support services where required. Bullying and Harassment advisor line set up 6 Calls received this financial year in total no EDI data available. • Physical Violence Policy The trust has a Clinically Challenging Behaviour policy which includes de-escalation, action cards, step-by-step actions. Violence and Aggression Reduction group to support the reduction of V&A at the trust. The group reviews risk of V&A and H&S risks and supports workstreams that reduce V&A. For example, increasing the amount of Maybo training available. 	<p>2</p> <p>2</p>	
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Changing the reporting of Recording of V&A from Datix to RADAR which will enable improved reporting. work has begun on improving the Warning and contracting process for patients who are violent and aggressive e.g. Verbal warning; first written warning; final written warning; withdrawal of care/discharge; exclusion. The trust has a process to withdraw care from patients - currently the process is not fully recorded the group is working to identify an effective recording process and to include this in the policy. The trust employs a Police constable who responds to reported incidents and has a security team employed to support high risk areas and incident across the trust. The current Datix system and the new Radar system both contain a tick box for staff who require trauma support following an incident. The trauma support practitioner will contact and offer a check in to the individual if needed the individual will be supported by the staff psychology team via the trauma support pathway which includes specialist face to face counselling EMDR CBT. HR Provides an update on figures regularly to the group Septembers update included:

- Over 2022-23, there were 27 incidents of bullying/harassment reported via exit interviews.
- For Q4 in 2022/23, there were 13 incidents of bullying and harassment. In Q1 2023-24 (April to June) there were 2 incidents.

University Hospital Bristol and Weston Foundation Trust (UHBW) - Workforce health and well-being 2

- 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).

	<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ 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. ○ <p>Bristol, North Somerset, South Gloucestershire Integrated Care Board (BNSSG ICB) - Workforce health and well-being</p> <ul style="list-style-type: none"> • Grievance process in place internally. • HR Support in place for all staff. • FTSU policy & process in place - reviewed and relaunched 2023 to reflect national guidance and following verdict in Lucy Letby case. • Access to EAP provided by Health assured including counselling support. • Staff Survey results reviewed and actioned within People Plan. • Inclusion Council launched in 2022, staff networks (Proud, Empowered, Disability Staff Network, Parent & Carers Network) to provide staff support. • Staff Partnership Forum. 	2	
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	<p>2D: Staff recom mend the organis ation as a place to work and receive treatm ent</p>	<p>Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) - Workforce health and well-being</p> <p>There is a general trend of BAME staff being more satisfied than white staff with their organisation, however they are more likely to experience discrimination in disciplinary processes. An action will be to draw on a wider set of data broken down against protected characteristics to explore this further.</p> <ul style="list-style-type: none"> • The number of BAME staff recommending AWP as a place to work was 11% higher than white staff. The figure for the organisation overall was 55%. • The number of BAME staff happier with the standard of care provided by AWP was 8% higher than white staff. The figure for the organisation overall was 55%. • Evidence source: AWP Annual Staff Survey 2022 • AWP's data for 2023 WRES Indicator 3 on the 'Relative likelihood of BAME staff entering the formal disciplinary process, compared White staff shows that BAME staff are 2.47 times more likely to enter formal disciplinaries than White staff. This is a slight increase from the 2.08 times more likely in the previous reporting year. • Evidence source: WRES report 2023 • Similarly, our data for 2023 WDES Indicator 2 on appoints after shortlisting in terms disabled and non-disabled staff shows us that that Disabled candidates are equally likely to be appointed compared to Non-disabled candidates. • Evidence source: WDES Report 2023 <p>North Bristol NHS Trust (NBT) - Workforce health and well-being</p> <ul style="list-style-type: none"> • BME VS White I would recommend organisation as a place to work 69.3% of BME staff would recommend the organisation as a pace to work compared to 61.1% of white staff. • WDES I would recommend my organisation as a place to work staff with LTC or illness scored 11.5% lower than staff with no LTC or illness. 76% of staff survey questions scored 3% or more lower than the Trustwide average for staff with a LTC or Illness. The biggest variations between staff with LTC and illness and those staff with no LTC or Illness are on questions relating to MSK 15.2% worse - issues feeling unwell due to work related stress 19% worse and attending work while not feeling well enough to undertake duties 24% worse. 	<p>1</p> <p>1</p>	
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- Age - Those in 16-20 Age bracket least likely to recommend the organisation as a place to work with only 44.4% agreeing with this statement almost 20% Below the trust average. Age group 51-65 only 59% agreed they would recommend the organisation as a place to work. Older workers most likely to recommend the organisation as a place to work 71.4% agreed with this statement 8% above the trust wide average.
- Gender - Male colleagues marginally more likely to recommend the organisation as a place to work 65% compared to 62% of Females. There is the same 3% difference between males and females for recommending the organisation as a place to receive care or treatment. Age 66+ age group most likely to agree with the statement with 78.3 agreeing 5.7% above trust average. 41- 50 age group 75.1% of respondents agreed, and the lowest score was given by the 51-65 age group with only 69.1% of respondents agreeing.
- Ethnicity / BME - If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation: 75.4% agreed compared to White colleagues would at 72.2% agreed.

University Hospital Bristol and Weston Foundation Trust (UHBW) - Workforce health and well-being 2

- 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.
- Annual appraisal check-in conversations and objectives are centred on wellbeing - with links to sources of support to aid discussion and resulting activity.

	<ul style="list-style-type: none"> • 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 includes 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. <p>Bristol, North Somerset, South Gloucestershire Integrated Care Board (BNSSG ICB) - Workforce health and well-being</p> <ul style="list-style-type: none"> • Over 50% recommend as place to work • Exit interviews undertaken but not specifically viewed by protected characteristic. • Staff Survey 2022 (https://public.tableau.com/app/profile/piescc/viz/ST22_local_full_data_2023_03_09_FINAL/Aboutthissurvey). Increase in percentages of those always (9.4% vs 6.0% 2021) and Often (40.6% vs 33.2% in 2021)looking forward to going to work. Organisation is committed to helping balance work & home life - slight increase in strongly agree and agree compared to 2021 (64.6% vs 62.8%). I would recommend my organisation as a place to work slight increase in strongly agree and agree compared to 2021 (64.8% vs 62.4%) and reduction in strongly disagree (4.1% vs 6.9%). • HR Metrics regularly reviewed by ICB People Committee - inc staff retention (4.03% in Qtr 2 23-24), Sickness (3.07% in Qtr 2 23-24, noting highest absence reason is anxiety, stress, depression), Exit Interviews undertaken and analysed showing staff are enthusiastic about job, have access to flexible working, have opportunities to show initiative and are able to make suggestions. 	1	
Domain 2: Workforce health and well-being overall rating		26	

Organisations are required to provide an organisation rating, created by adding outcome scores together. Each outcome is to be scored based on the evidence provided. Once each outcome has a score, they are added together to gain domain ratings. Using the middle score out of the three services from Domain 1, domain scores are then added together to provide the overall score, or the EDS organisation rating. The scoring system allows organisations to identify gaps and areas requiring action. The middle/average score of the three services was 25 (AWP: 6; NBT: 7; UHBW: 7; BNSSGICB: 5). See appx.

Health & Wellbeing

Workforce Health and Wellbeing 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions – To ensure that support is available to staff for their mental and other health and wellbeing needs.



Workforce Health and Wellbeing 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source – To ensure that Staff and colleagues, white, BME, disabled, regardless of age, who are experiencing bullying, harassment and abuse from work or the public must continue to be reported and captured in the WRES and WDES data so that actionable support can be administered



Health and wellbeing 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source - To ensure that Staff and colleagues, experiencing bullying and harassment, can report to their trusts which will have relevant policies, processes and networks to support them.



Health and wellbeing 2D: Staff recommend the organisation as a place to work and receive treatment – to ensure that Staff, in our organisations – regardless of demographic – have a good wellbeing, enjoy their place of work and would likely recommend it.



Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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Domain 3: Inclusive leadership	<p>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</p>	<p>Avon and Wiltshire mental Health Partnership Trust (AWP) - Inclusive Leadership</p> <ul style="list-style-type: none"> • All Board members are required to complete the EDI training as part of their mandatory training. • Board members have been involved EDI reciprocal mentoring partnerships. Newer Board members will be invited to participate going forward. • Rolling out cohort 2 of EDI reciprocal mentoring to Associate Directors, Operational Directors, Clinical Directors and other senior managers. • Each Executive Director now sponsors one of our 7 EDI Staff Networks. Sponsors of our staff equality networks have met their respective network chairs, at least once and some have regular meetings. • Chair of Trustwide EDI Group is at Board level, and meets with Staff Networks chairs in meetings, where network updates and escalations are discussed. • Through the Director of People and Dep. Dir. of People, Trust has a strong working relationship with Joint Union Council. • The AWP Strategy clearly makes a commitment on addressing health inequalities and to building relationships with our partners and communities to address health inequalities. Example Evidence 1 • The health inequalities objectives are led and sponsored through the Director of Nursing and nursing directorate and is part of the quality agenda across the Trust. • Health inequalities is also addressed through system working and we have an alignment with this across BNSSG and BSW. • EDI reporting to Board’s Delivery Committee are scheduled (e.g. PSED / WREs / WDES / Pay Gap) throughout the year • The Trust are working on three Advancing Mental Health Equalities initiatives – CAMHS; Dual Diagnosis; and Young Black Men, led by Deputy Medical Director. Need to have an internal action on when progress to Board is reported • People Director’s Bi-monthly Workforce reports to Board makes explicit reference to EDI. 	<p>2</p>	
	<p>North Bristol NHS Trust (NBT) - Inclusive Leadership</p>	<p>2</p>		

		<ul style="list-style-type: none"> • At least once annually the Trust Board (at public meetings) reviews WRES, WDES & GPG data returns plus progress against Trust EDI Plan Actions (Agenda & Minutes of Board from Jan 2022 - Oct 2023) • Trust regularly takes patient health inequalities reports, work led by Deputy CMO and a check your health day held for public onsite at Southmead Hospital in March 2023 • EDI updates are taken to Executive Team meetings (example report on how to deal with compete in conflicting EDI issues eg. faith versus LGBTQIA+) • Trust Board had EDI Training session with external EDI consultant (Aug 2022) • All members of Trust Senior Leadership Team (60+) have been offered 3 module Consciously Inclusive Leadership programme over 3 cohorts delivered April 2022 - May 2023 by external EDI consultant with approximately 60% take up rate • 6 Executive Directors took part in cohort 1 reciprocal mentoring programme with B.A.ME Staff (Jan 22- Sept 22), cohort 2 B.A.ME reciprocal mentoring programme started May 2023 and involved 7 NBT senior Leaders at Director Levels • Number of Executive Director EDI Champions, CFO as Board EDI Champion, 1 NED Champion (EDI Committee Co-Chair), Exec Director & Director level EDI champions as sponsors and links to individual staff groups/networks e.g. Race Equality/B.A.ME, LGBTQIA+, Disabled & Neurodiverse, Women's Network (EDI Champions Role Description) • Exec Director and Board NED members (especially Board Chair) have participated in History month activities a NBT (e.g. Black History Month, LGBTQIA+ History Month, Pride, Disability Equality History Month, International Women's Day), including videos for staff intranet and Trust website; <p>University Hospital Bristol and Weston Foundation Trust (UHBW) - Inclusive Leadership</p> <ul style="list-style-type: none"> • Board Development: Senior leaders and the board have received training in issues relating to EDI: <ul style="list-style-type: none"> ○ The Board and Senior Leadership Team (SLT) are currently undertaking an extensive development programme with an external expert provider, Eden Charles 	2	
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		<ul style="list-style-type: none"> ○ 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 : <ul style="list-style-type: none"> ○ 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 ● 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 : <ul style="list-style-type: none"> ○ 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. <p>Bristol, North Somerset, South Gloucestershire Integrated Care Board (BNSSG ICB) - Inclusive Leadership</p> <ul style="list-style-type: none"> ● EDI Training - As part of stat and man training - 86% certified for Execs and INEMs Nov 23. ● ICS People Committee EDI Deep Dive - May 2023 Inc WRES & WDES data 	1	
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		<ul style="list-style-type: none"> • Annual EDI report taken to ICB & ICS People Committee and will go to ICB board when finalised. • Chief Executive sponsorship of Improvement to health services for Disabled people with a physical or sensory impairment - report taken to ICB Board 2/10/2023 for system implementation. • Chief Executive is Chair of ICB Inclusion Council - bringing together the chairs of all staff networks, SPF and Directorate representatives. • Chair sponsored NExT Director Placement which provides support to senior people from groups who are currently under-represented on trust boards with the skills and expertise necessary to take that final step into the NHS board room - placement started September 2023. • Chair sponsorship of creation of Independent Advisory Group Race Equality in Health & Care. Independent Chair appointed, starting Jan 2024. • ICB inclusion in NHS Diversity in Health & Care Programme 23-24 including executive attendance at sessions. • CMO sponsorship in reduction to health inequalities including prevention group establishment and implementation and active contributor to Gateway 0 reviews in relation to Health inequalities. • CNO sponsorship of LMNS & improving outcomes for mothers and babies including instigation of Black Maternity Matters Programme across the system. • CNO focus on LeDeR Programme to improve care of those with a learning disability and / or who are autistic. Exec SRO for system roll out out of Oliver McGowan training. • CEO developing coaching relationship(s) with coachees from distinctly different background, with protected characteristics. • CFO sponsor within of National Academy Sponsorship programme helping high potential finance staff from underrepresented groups advance within NHS finance. Champion to ensure Health inequalities are core to system planning. • Executive FTSU Guardians (CFO & CDO). 		
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	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<p>Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) - Inclusive Leadership</p> <ul style="list-style-type: none"> • All AWP's board reports have a section on equality analyses. However far too many do not consider / identify equality related impacts and risks. Example Evidence 2. • Our Trust wide Risk Register has two categories for EDI Related risks – ‘EDI Service Users and Carer’ (addressing the lack of access and poor experience), and ‘EDI Workforce’ (addressing Bullying and Harassment; poor diverse representation at senior roles; lack of properly designed organisational process to manage DSE Reasonable Adjustments) • Some Board reports may refer to health inequalities in the body of the report but there is no specific requirement to make stand-alone assessment in reports. • Apart from the Caring Sub-Committee who have 6 monthly reporting schedule for EDI (as the Trust Wide EDI Group Reports to this sub-committee) other sub committees do not have EDI as standing agenda item. • Boards receive annual EDI reports in line with statutory and contractual reporting requirements. • AWP's Impact assessment Group scrutinises both Quality Impact assessments and Equality Impact assessments for strategic initiatives supported and overseen by our Programme Management Office. • Example Evidence 3: EIA's from 2023 <p>North Bristol NHS Trust (NBT) - Inclusive Leadership</p> <ul style="list-style-type: none"> • Trust Board & Executive Reporting Templates have Equality Impact Assessment section to be completed for all Board reports with hyper- link to EIA guidance on NBT intranet. The NBT template guidance based on co-produced version with ICB & ICS partners in 2021-2022 • EDI risks included in Trust Risk Register and also in EDI Committee Risk Register, highlight reports with RAG ratings goes from EDI Committee to People Committee, decision taken Sept 2023 to merge EDI Committee with People Committee • EDI Team often asked to review EIA before submission to Board 	<p>1</p> <p>1</p>	
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	<p>University Hospitals Bristol & Weston NHS Foundation Trust (UHBW) - Inclusive Leadership</p> <ul style="list-style-type: none"> • 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 is a report about the quality of services offered by an NHS healthcare provider: <ul style="list-style-type: none"> ○ 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 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. 	2	
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		<ul style="list-style-type: none"> • 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. <p>Bristol, North Somerset, South Gloucestershire Integrated Care Board (BNSSG ICB) - Inclusive Leadership</p> <ul style="list-style-type: none"> • A review of ICB Board Papers was undertaken from July 22 to Nov 23. Of 54 Papers reviewed, 17 were considered to have significant EDI & Health Inequalities elements, 27 had some mention and 10 did not specifically comment on EDI or Health Inequalities information. Specific committee papers were not reviewed in addition at this time. • The general submission template does include a section to comment on Health Inequalities and EDI (often amber rating / some mention in above assessment). • Equality and Health Inequality Impact Assessment (EHIA) - included in some submissions and mentioned in others but not included with overall submission. • ICB Board planner has timetabled agenda item - Addressing Health Inequalities - March 24. Planned action to include EDI & Health inequalities specifically in plan moving forward. • Review of Oct 23 risk registers - There are references in a variety of Directorates to risks and issues that would be under the EDI & Health Inequalities banner however not specifically identified as such. Int & Primary care mentions lived experience, Primary Care Delegation, SPP - mentions issue re VCSE representation at Board, Perf & Delivery - Neurodiversity, Mental Health, Inpatient risk with restrictive disorders, autism funding, CMO & CNO - Weight Management and Obesity, Housing 	1	
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		challenges for those with Learning disabilities, LAC Health Assessments, Differences in cancer care resulting in poorer outcomes, cost of complex LD care and budgetary issues		
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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	<p>Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) - Inclusive Leadership</p> <ul style="list-style-type: none"> • All statutory / contractual reporting requirements are met within set timescales Example Evidence 4 • Statutory / Contractual reporting approval pipeline is trust wide EDI Group (incl. Staff Equality Networks); Strategic Workforce Groups, Delivery Committee; and Board. • AWP will be working to meet the requirements against the Patient and Carer Race Equality Framework (PCREF) from November 2023 • The trust has defined equality governance framework which highlights clear linkage to the Board, includes our trust wide EDI Group, to which our respective Staff Equality Networks feed into on a monthly basis, as does our Equality and Service Delivery Group. Example Evidence 5 EDI Governance Framework • Have and Impact assessment Group which scrutinises both Quality Impact Assessments and Equality Impact Assessments. These assessments are for strategic initiatives supported and overseen by our Programme Management Office • Since 2017 we have participated in the national EDI benchmarking though Employers Network on Equality and Inclusion ('enei') and use their Talent Inclusion and Diversity Evaluation tool known as Tidemark. Having Bronze and Silver awards previously in 2022, the trust was awarded Gold and in 2023 has retained gold award status: Example Evidence 6: Tidemark benchmarking report 	1	
	<p>North Bristol NHS Trust (NBT) - Inclusive Leadership</p> <ul style="list-style-type: none"> • NBT re-constituted its EDI committee from April 2022 as a subcommittee of the People Committee. The EDI Committee is co-chaired by the CPO, NED EDI Lead. Membership includes: EDI Champions (Exec Directors), staff network chairs/leads, staff side Trade Union reps, and patient representatives • Going forward into 2024 (post Oct 2023), new People & EDI committee as sub-committee of full Board along with a EDI Delivery Group sitting under People Oversight Group which reports to People Committee, terms of reference of new groups currently being finalised 	2	

		<ul style="list-style-type: none"> • Annual EDI report to Trust Board has reviewed progress against EDI priorities and actions plans • New 3-year EDI Improvement Plan based on NHSE 6 high impact areas has been recently agreed at Sept 2023 Board, 4 priority areas identified for focus over next 12 months <p>University Hospitals Bristol & Weston NHS Foundation Trust (UHBW) - Inclusive Leadership</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ 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. ○ 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. 	2	
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		<ul style="list-style-type: none"> • How we demonstrate we are listening to staff across the Trust: <ul style="list-style-type: none"> ○ 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. <p>Bristol, North Somerset, South Gloucestershire Integrated Care Board (BNSSG ICB) - Inclusive Leadership</p> <ul style="list-style-type: none"> • Annual EDI reporting which feeds into annual report. • Health inequalities assessment of Gateway transformation processes. • All job descriptions have EDI essential criteria (implemented Jan 23). All executive directors have EDI related objectives linked to specific areas of work. • Quarterly and Monthly staffing data review which include EDI information. • BI-Monthly inclusion council meetings (CEO chair) • System EDI group that feeds into ICS People Committee - workforce EDI focus but starting to bring in patient focused EDI work. • Organisational Change activities supported by EDI / EHIA data to assess impact to workforce demographics (e.g VR reporting). 	1	
Domain 3: Inclusive leadership overall rating		18		
Third-party involvement in Domain 3 rating and review				
Trade Union Rep(s):		Independent Evaluator(s)/Peer Reviewer(s): Yes		

Organisations are required to provide an organisation rating, created by adding outcome scores together. Each outcome is to be scored based on the evidence provided. Once each outcome has a score, they are added together to gain domain ratings. Using the middle score out of the three services from Domain 1, domain scores are then added together to

provide the overall score, or the EDS organisation rating. The scoring system allows organisations to identify gaps and areas requiring action. The middle/average score of the three services was 17 (AWP: 4; NBT: 5; UHBW: 5; BNSSGICB: 3). See appx.

Inclusive Leadership

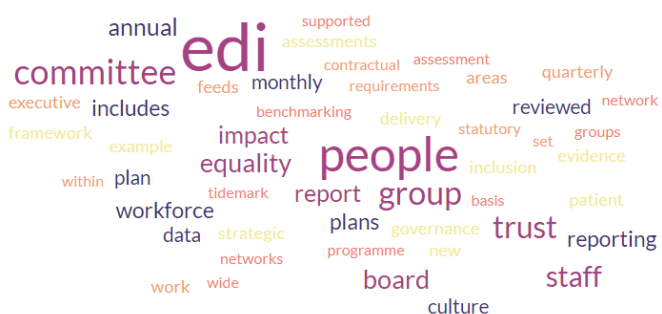
Inclusive leadership 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities – To ensure that the board/directors/executives have EDI training and support programmes in their trusts to enable equality and address health inequalities



Inclusive leadership 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed – ensure that the boards assess their trusts’ EDI reports on equality, health inequalities and include in it their objectives to implement positive impactful change



Inclusive leadership 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 – ensure that EDI is at the forefront when dealing with people



EDS Organisation (ICS) Rating (overall rating): 15.8 - Developing

This ICS score represents the average of the organisations taking part which scored individually as AWP =14; NBT = 19.8; UHBW = 21.3; and BNSSG ICB = 8.

N.B. The average score for the three areas across domain 1 was used in calculations; NBT & UHBW were assessed over all domains; BNSSG ICB was only assessed over domain 2 & 3; AWP was assessed over all domains but in domain 1, only for PALS & complaints and not for maternity & communications

Organisation name(s): Bristol, North Somerset and South Gloucestershire Integrated Care Board (ICB); North Bristol NHS Trust (NBT); University Hospitals Bristol and Weston Foundation Trust (UHBW); Avon and Wiltshire Mental Health Partnership (AWP).

If this document is needed in an alternative format, please email: bnssg.inclusion@nhs.net

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
Collin Salandy	2022-2023
EDS Sponsor	Authorisation date
Jo Hicks	

Please note, as this is the first system EDS approach, these are suggestive dates. Some actions are in progress and may be reviewed and or extended during the period.

Domain	Outcome	Objective	Action	Completion date
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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Domain 1: Commissioned or provided services</p>	<p>1A: Patients (service users) have required levels of access to the service</p>	<p>Maternity To have a seamless service across the Acute Provider Collaborative in relation to maternity services which can be rolled out in the future across the relevant organisations across BNSSG ICS</p> <p>PALS & Complaints To develop a system approach to PALS & Complaints</p> <p>Communications To ensure that information is accessible in as many different formats as possible to meet individual needs</p>	<p>Work with IT departments towards ironing out any known and potential issues in the Badgernet system. This includes individual preferences where flags are used to highlight language/interpreting, home births and more. Utilise best practice in “what matters” to them, and black maternity mothers matter guidance</p> <p>Each organisation has a printed booklet with PALS & Complaints information printed in several languages. Ambition would be a link to each organisation’s IT PALS & Complaints webpage</p> <p>Ensure that websites offer a translation facility as well as details on various ways to make contact</p>	<p>Feb 2025</p>
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	<p>1B: Individual patients (service users) health needs are met</p>	<p>Maternity To develop a service that caters to the needs of mothers and babies from pre to post pregnancy</p> <p>PALS & Complaints To have a service that encourages staff training, utilises best practice, various forms of communications and acts on patient complaint feedback to ensure reasonable adjustments to meet patients' needs.</p> <p>Communications To ensure that information is accessible in as many different formats as possible to meet individual needs</p>	<p>To work towards a multidisciplinary team to advise and support the system/ACP to provide a holistic approach</p> <p>Explore having similar mandatory EDI training in e.g. AIS and Oliver McGowan. Each organisation produce multilingual leaflets and endeavour to offer drop-in service support and collect patient feedback to increase effectiveness of service.</p> <p>Work towards ensuring mandatory training in AIS and apply AIS best practice in translation services, websites developments, patients systems like CareFlow, Medway, letters leaflets etc. Work towards ensuring that there is a dedicated EDI website where staff networks and others can visit to inform and be informed</p>	<p>Feb 2025</p>
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	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>Maternity To develop a culture of training and reviewing and collaborating to reduce potential incidents</p> <p>PALS & Complaints Ensure that patients understand that complaints are confidential and there to increase effectiveness of care and would not be detrimental</p> <p>Communications To ensure that methods of communication are clearly understood</p>	<p>Continue to work collaboratively sharing good practice, reporting events and reviewing them to learn have better outcomes for mortality and morbidity</p> <p>Promote clear communication that complaints are anonymous</p> <p>Use various forms of communications to get the message across to a vast audience</p>	<p>Feb 2025</p>
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	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>Maternity Incorporate feedback from all / EDI groups into practice</p> <p>PALS & Complaints The board is made aware of the feedback from patients through their complaints</p> <p>Communications To ensure that staff gets feedback from patients that will encourage and motivate</p>	<p>Look at MNVP, survey, and EDI feedback to find themes to improve services through action plans which can then be highlighted to patients for further feedback</p> <p>Capture patient stories fed back to board members as an item which is then recorded</p> <p>Utilise the patient experience hub and other means, to capture positive patient feedback to share with staff</p>	<p>Feb 2025</p>
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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	To have a physically and mentally capable ready staff	Provide access to mental and physical resources for staff to use; Provide free staff health checks and monitor and support conditions in addition to occupational health – include reminders like mandatory training or appraisals	Feb 2025
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	To ensure that staff are physically and mentally safe at work from patients and colleagues	Provide staff with the tools and freedom to speak up in safe spaces online and in person	Feb 2025
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	To ensure that staff have the access and support when needed	Provide anonymous advice lines for support like employee Assistance programme; Review policies utilising EHIA form, so that they are up to date and robust; Encourage peer support	Feb 2025
	2D: Staff recommend the organisation as a place to work and receive treatment	Staff feel good about their working environment the organisations' practices, culture and ethos	Continue to collect, review and act on the data from WRES & WDES reports. In addition, look into a free form staff survey asking what do they like, dislike/would change/introduce?	Feb 2025

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	To lead by example and have accountability	Demonstrate what you have done this quarter to ensure that an aspect of EDI has improved - EDI training, sponsorship (of individual, training, or programme), strategic EDI conference/s	Feb 2025
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	To have actionable items and a record of them being done	Bring EDI agenda items to board meetings and record progress against this and communicate this to staff in briefings like HWGNFY, Maria's weekly emails etc.; Utilise EHIA's	Feb 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	To have feedback on the agenda from how their divisions are doing	Review EDI reports and suggest/collaborate with EDI and others on strategic way forward	Feb 2025

Appendix

Organisational and domain scores

	Domains	AWP	NBT	UHBW	BNSSG ICE	Total	Average
Maternity	Commissioned or provided services	N/A	6.5	8	N/A	14.5	7.25
PALS & complaints		4	10	7	N/A	21	7
Communication		N/A	7	7	N/A	14	7
	Total	4	23.5	22	0	49.5	16.5
	Average	4	7.8	7.3	0	19.2	4.8
	Workforce health & wellbeing	6	7	8	5	26.0	6.5
	Inclusive leadership	4	5	6	3	18.0	4.5
Organisation rating	Total/Rating	14	19.8	21.3	8	63.2	15.8