NHS Equality Delivery System

EDS Reporting 2023/24

Contents

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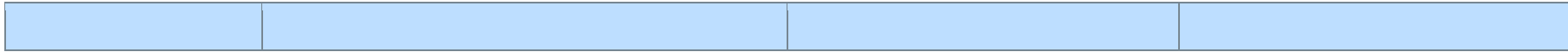
The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report should be submitted via england.eandhi@nhs.net and published on the organisation's website.

NHS Equality Delivery System (EDS)

Name of Organisation	Gloucester Hospitals NHS Foundation Trust	Organisation Board Sponsor/Lead		
		Claire Radley Director for People		
Name of Integrated Care System	Gloucestershire Integrated Care Board			

EDS Lead	Coral Boston		At what level has this been completed?	
				*List organisations
EDS engagement date(s)	March 2024		Individual organisation	Domains 2 & 3 Gloucestershire NHS Foundation Trust
			Partnership* (two or more organisations)	N/A
			Integrated Care System-wide*	Domain 1 Gloucestershire Health & Care NHSFT Gloucestershire Hospitals NHSFT NHS Gloucestershire ICB

Date completed	March 2024	Month and year published	March 2024
Date authorised		Revision date	March 2025

Completed actions from previous year	
Action/activity	**Related equality objectives**

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**

		We have collated information to support this assessment from NHS Gloucestershire ICB, Gloucestershire Health & Care NHSFT and Gloucestershire Hospitals NHSFT. The evidence gathered includes statistical data, policies, strategies, working protocols and procedures, service specifications and health inequalities action plans. The three service areas are Cancer Services, Translation & Interpretation Services and Maternity Services (including Perinatal Mental Health). These were selected based on work that is underway to tackle health inequalities, patient experience data and local community insight. The evidence for Cancer Services and Translation and interpretation has been discussed with the ICB Working with People and Communities Advisory Group. The evidence relating to Maternity Services was discussed with the Maternity and Neonatal Voices Partnership (MNVP). Both discussions gave valuable insight into our self-assessment and made recommendations regarding ratings for each of the four outcomes. Services were individually assessed, and scores combined to arrive at the overall rating.		
Domain	**Outcome**	**Evidence**	**Rating**	**Owner (Dept/Lead)**
Domain 1: Commissio ned or	1A: Patients (service users) have required levels of	**Cancer services:** Cancer services: There is good provision of cancer services across primary care, acute and community services. A place-based population health approach is being taken through Integrated Locality Partnership and Primary Care	2	Cancer Clinical Programme Board

access to the service	Networks. Our Integrated Care Strategy focuses on understanding our communities and achieving equity:		Macmillan Next Steps Joint Service Lead
	• There is ongoing work to improve data coverage and links across all health data sets, to improve the data completeness. Analysis by some protected characteristics remains challenging due to the incompleteness of data.		
	• Targeted improvements for those living in our most deprived areas (CORE20Plus5 – 5 clinical priorities one of which is Cancer)		
	• There is a focus on improving access to care and reducing backlogs in waiting times (COVID19 recovery).		
	The Gloucestershire ICS Cancer Programme oversees much of the work to increase early diagnosis rates and ensure identification of, and reduction in, inequalities:		
	• Early diagnosis variation is associated with deprivation		
	• Patients from the most deprived groups appear under-represented in Cancer Waits data.		
	• Patients in the most deprived areas of Gloucestershire are more likely to wait longer than 2 weeks to be seen when referred with suspected cancer.		
	• Cross-system data project to enable more detailed review of variation in early diagnosis.		
	Programmes focus on ensuring timely presentation, faster diagnosis and operational improvement. Collaboration across the system, personalisation and effective two-way communication with communities aims to reduce barriers to equity.		
	Non-Specific Symptoms (NSS) pathway launched as a pilot in 2022 has now been rolled out to all GP practices in Gloucestershire.		

| | | Work is commencing to improve access to lung, pancreatic and colorectal cancer screening and treatment, and to reduce DNAs and late diagnosis in groups who experience health inequalities.

There are plans in place to provide increased diagnostic capacity via both the Community Diagnostic Centre (CDC) and endoscopy business plans to meet the requirements for urgent suspected cancer. Priority diagnostic capacity for urgent suspected cancer is provided via both the CDC and releasing existing capacity as other activity is moved to the CDC. Committed approach to ensure timed pathways and pathway improvements are delivered across system. The key actions include:

- Service Improvement Lead appointed with specific focus on Best Practice Timed Pathways (BPTP) improvement; focus on four priority pathways (prostate, lower GI, skin and breast).
- Pathway trackers to manage patients through the pathway have been appointed across the service to improve patient flow and data validation.
- Promotion of GP decision tool and targeted education to help direct use of appropriate diagnostics.
- Telederm pilot expected to enable achievement of timing milestones for skin cancer pathway.

Macmillan Next Steps - specialist cancer rehabilitation programme provides accessible support for adults living across the county.

Translation and Interpretation (T&I) Services: Each NHS organisation in One Gloucestershire commissions Translation & Interpretation (T&I) Services, which are available to patients' attending appointments in Primary Care, Acute and Community Services.

We are in the final phase of re-procuring one T&I service for spoken languages across One Gloucestershire partners. This will enable:

- Continuity of interpreter (where preferred) | | |
| | | | 2 | Equality Leads/Contract holders across each organisation |

• Improved access to services • Collection of robust feedback from people in our communities • Improved staff training Our work with Gloucestershire Deaf Association has provided a better understanding of the number of British Sign Language users accessing health care in the county. We are working with voluntary sector partners to raise awareness of the Accessible Information Standard (2016) and develop mechanisms to ensure compliance across our system. **Maternity Services** The Local Maternity and Neonatal System (LMNS) Board has regular oversight of and monitors the national local maternity services dashboard. This brings together information from different data sources to track, benchmark and improve the quality of maternity services in Gloucestershire. • Maternity services, including Delivery Suite, Birthing Units, Community Midwives and Perinatal Mental Health Services are delivered in a number of locations in Gloucestershire • Current data shows the number of maternity bookings in Gloucestershire (2023/24 year to date) stands at just under 5,400. • 12.3% of all bookings are for women whose ethnicity is recorded as Black/Asian/Mixed. When combined with those whose ethnicity is recorded as White Other/White Irish/Other, this figure rises to 21.3% This is higher than the ethnic minority population in Gloucestershire, which according to the 2021 Census is 12.3%. We understand this difference is likely to be due to an increase in immigration since the 2021 Census, and note the rate from the Census data is an average across all age groups. If reviewing Census data for women of	2	Local Maternity and Neonatal System (LMNS Board)

childbearing age (those aged 15-45 years), the rate of those from an ethnic minority is 17.7%, which is closer to our 'booking' rate.

- The 'ethnicity at booking' data is recorded in our maternity and neonatal dashboard and is reviewed at the monthly LMNS Perinatal Quality and Safety workstream meetings.
- 23.9% of all bookings are from women who live in the most deprived areas (IMD Deciles 1&2) of Gloucestershire. 14.7% of these women are booked with the Continuity of Carer team/pathway.

The LMNS ensures that services are delivered in a way that meets the needs of people in the community. For example, the Birth Anxiety and Trauma Service (part of the Perinatal Mental Health team) and Perinatal Pelvic Health Service deliver aspects of their services within community settings. Continuity of Carer teams are based in geographical areas which were identified in an earlier needs analysis as being those where deprivation was highest, and/or had a high proportion of ethnic minority women and birthing people:

- We carried out a maternity and neonatal 'Equity and Equality' population needs analysis in 2022, which consisted of an in-depth review of maternity and neonatal risk factors and outcomes. This identified key groups for whom risk factors and outcomes were poorest. This included those from ethnic minority communities, young mums, travellers, and those from the most deprived areas of the county - and we consequently identified a number of wards as priority areas for us.
- Our Workforce Race Equality Standard data also indicated that staff from an ethnic minority community, working in the Women's and Children's division at Gloucestershire Hospitals Trust (GHFT), experienced race inequalities at work. This suggest there is scope for learning and improvement across the maternity pathway to support both our service users and staff.
- The LMNS has established an EDI Workstream which has attendance from staff across the system, including representatives from health visiting, maternity,

| | | Public Health, the county council, Maternity and Neonatal Voices Partnership, Communications and Engagement. The workstream oversees maternity and neonatal deliverables (as directed by NHS England), as well as a number of other projects which identify inequality within our system and develop action plans to reduce these.
• Gloucestershire Maternity and Neonatal Voices Partnership continually engages with women and birthing people, through face-to-face individual and group meetings, and through surveys, to ask for their feedback on the services. This feedback is shared with the LMNS through the Maternity Experience workstream, and actions are agreed on to make improvements.
• Tackling Tobacco Dependency (TTD) offers support to pregnant women in Gloucestershire. All pregnant women are assessed at their first antenatal appointment (carbon monoxide assessment) to identify smokers and refer them to the Healthy Lifestyles Service (HLS) where they will be offered a full programme of support. In 22/23, 93.6% of pregnant women received a CO test against a target of 95%.
• Perinatal Mental Health Service offers:
  – support in venues which are easily accessible through public transport and the Team base is centrally located close to the train and bus stations. Home visits are offered, based on the service user needs.
  – Communication needs are assessed, recorded and acted upon.
  – Service users offered a choice of appointments: Face to Face, virtual (via Attend Anywhere) or telephone is available, and we give service users the options to choose. Remote appointments are avoided when English is not the service user's first language.
  – Carers/partners are invited to attend appointments, with consent from the service user. | | Kim Tiffney, Perinatal Mental Health Team, Glos Health and Care NHSFT |

		- Perinatal Emotional Health and Wellbeing pilot supports women with low/moderate perinatal mental health needs, and can support with issues around accommodation, drug and alcohol misuse and domestic abuse. - The 1001 days programme is targeted at expectant women and their families to improve/maintain healthier lifestyles including smoking cessation during pregnancy and up to the child's second birthday. It includes targeted engagement and communication with those from protected characteristic and inclusion groups to promote the programme. In 2022/23 81% of women that set a quit date were smokefree at 4 weeks. Access to information: - Expansion of patient information available in Easy Read as translated and reviewed by Inclusion Gloucestershire. Including the translation of ICON information - Information available on website to support LGBT+ users of maternity services - Information available on website in English and most commonly requested languages to support vaccinations in pregnancy: Arabic, Chinese; Polish; Punjabi; Romanian; Somali - Information available in easy read for children with siblings in the neonatal unit; both in printed and online formats.		Head of Patient Experience, Glos Hospitals NHSFT

NHS
Gloucestershire Hospitals
NHS Foundation Trust

Patient Information

Having a brother or sister in the Neonatal Unit (NNU)

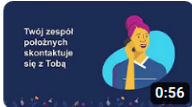**What is the Neonatal Unit (NNU)?**

The **Neonatal Unit** is sometimes called the NNU.

It is a special ward for babies who need a bit of extra help when they are born.

Instead of cots, babies often sleep in a warm box called an **Incubator**.

- A dedicated maternity playlist on YouTube Maternity - YouTube including tours of the departments, what to expect with certain procedures including caesarean section and induction of labour, support to tackle tobacco dependency and how to book in with the service. We have subtitling on the majority of the videos available and have translated some into other languages

Maternity Booking Animation
28   Gloucestershire Hospitals NHS Foundation Trust • 488 views • 2 years ago
     0:56

New Maternity Booking Process (Polish Translation)
29   Gloucestershire Hospitals NHS Foundation Trust • 223 views • 2 years ago
     0:56

New Maternity Booking Process (Slovak Translation)
30   Gloucestershire Hospitals NHS Foundation Trust • 87 views • 2 years ago
     0:56

	1B: Individual patients (service users) health needs are met	**Cancer Services:** System-wide work to deliver the Cancer Operational Planning guidance 2022/23 has contributed to local action, including:
		
		• Faster diagnosis and operational improvement; e.g. Targeted focus on inequalities in prostate cancer aimed at increasing engagement in men over 45 from a black ethnic background, with family history of prostate cancer.
		
		• Early Diagnosis: Effective Primary Care Pathways.
		  – Supporting Primary Care Networks (PCNs) to deliver the cancer early diagnosis DES requirements with a focus on improving early diagnosis in areas with high deprivation through improving their referral practice.
		  – Updated information data packs provided to PCNs to support with Early Diagnosis of their population.
		
		• Early Diagnosis: NHS Cancer Screening
		  – Working to identify the population groups with low screening uptake locally e.g., Actively developing opportunities to improve screening uptake in women from South Asian communities and in areas of deprivation.
		  – Improving access to screening for people with Learning Disabilities and Autism by having a dedicated cancer screening support nurse.
		
		In addition to the Primary Care DES, PCN Quality Improvement Projects respond to local challenges, e.g:
		• **Inner City Glos PCN** – Cervical Screening: Addressing Health Literacy and Language Barriers. 52 languages spoken in the practice population.
			2	Cancer Clinical Programme Board

Cheltenham Central PCN - Holistic/Health Inequalities Focused Cancer Early Diagnosis Health Education and Empowerment for Men and Women utilising Social Prescriber Support **Hadwen & Quedgeley PCN** - Mens Health Awareness on Early Cancer Diagnosis **Stroud Cotswolds PCN** - Best practice in use of direct access CT scans for early cancer diagnosis and early detection and screening. Support for difficult to access groups such as people with Learning Difficulties and refugees. **Macmillan Next Steps** - The service uses a multidisciplinary team to meet the needs of individuals through: - Use of MYCAW wellbeing tool - MYCaW® is an individualised questionnaire designed for evaluating holistic and personalised approaches to support people. **Translation and Interpretation (T&I) Services:** Access to the T&I services available across One Gloucestershire services 24/7, 365 days. - Policies and procedures in place to ensure staff are able to access T&I support. - Reasonable adjustments made e.g. longer appointments, mobility, support for hearing and sight impairments. - Resources and leaflets about services translated and available on request. - Service users have the right to express their needs, requirements, opinions and views using their preferred language or communication style - Options for appointments include Face to Face, virtual (via Attend Anywhere) or telephone, including BSL language are provided - Translation of the appointment's letters are provided in preferred communication style or language. - New service specification for spoken language will: - support requests for continuity of interpreter across organisations	2	Macmillan Next Steps Joint Service Lead Equality Leads/Contract holders across each organisation

		– enable service improvement (re T&I) based on feedback from patients Accessible Information Standard: Working in partnership with VCS organisations to support awareness raising of communication needs for people with a disability, sensory or cognitive impairment. **Maternity Services** Our needs analysis identified groups and communities where outcomes were poorer, and also made recommendations about further work and areas of focus in order to reduce these health inequalities. This led to the development of our LMNS Equity and Equality action plan, in collaboration with the Maternity and Neonatal Voices Partnership (MNVP). This co-produced 5-year plan includes: • 2 Midwifery Continuity of Carer (MCoC) teams have been established to provide support in areas of high deprivation and ethnic minority communities. • A Quality Improvement project to develop and deliver an in-house maternity Treating Tobacco Dependency programme. The project will target pregnant women who smoke living in areas where smoking rates are highest particularly those living in Gloucester (CORE20); young mothers and those from more deprived neighbourhoods. Three Specialist Maternity Support Workers work as tobacco treatment and dependency advisors targeting pregnant women in these areas and specifically those who do not currently engage with the county wide community Stop Smoking service. • A Perinatal Emotional Health and Wellbeing pilot funded by the ICB and delivered by The Nelson Trust supports women with low/moderate. • perinatal mental health needs, and can support with issues around accommodation, drug and alcohol misuse and domestic abuse.	1.5	LMNS Board; LMNS Equity Workstream; MNVP

			1.5	
		• Improving Perinatal Mental Health and access to these services, including in South Asian women and young mums. The South Asian women's group is currently being scoped, in a change to the previous provision. • Perinatal Equity and Equality Action Plan developed with a focus on mothers from more deprived areas and ethnic minorities, young mothers and Traveller communities • A young mums' support group is delivered by Forest Voluntary Action Forum (FVAF), who has identified the needs of the young people and encourages social inclusion, helps build confidence, learn new skills and increase parenting social circles. • A Quality Improvement project for an Infant Feeding app, 'Anya', to support those in areas where breastfeeding rates are lower (Gloucester and the Forest of Dean). This project will be evaluated in collaboration with the West of England Health Innovation Network • Improving access to translation and interpreting services with development of lanyards and pocket-sized information cards to support clinical staff to access interpreters easily. • Cultural competency training and Black Maternity Matters anti-racist training delivered to staff across the LMNS including a bespoke senior leaders' programme. This programme supports quality improvement to improve experiences for black and Asian women accessing maternity and neonatal services e.g., silk bonnets available on delivery suite for women with texturized hair. • A Quality Improvement project to review current antenatal pathway and scan capacity to ensure it meets the additional needs of women from specific ethnic minority communities. This work has included a review of the use of interpreters within antenatal settings.	1.5	Kim Tiffney, Perinatal Mental Health Team, Glos Health & Care NHSFT

		Audit undertaken on the documentation of communication needs of women. Audit also identified uptake of interpreting services within the antenatal, intrapartum and postpartum periods. Recommendations		
		• relating to better recording of women's needs and improve availability of interpreters have been identified and improvement work is being developed in response. This includes work to increase the recording of ethnic group to meet the 95% compliance target.		
		• Joint maternity and neonatal reviews of all admissions to the neonatal unit of babies equal to or greater than 37 weeks (ATAIN) to identify whether separation could have been avoided.		
		• Improved access of the transitional care unit to support families of babies cared for in NICO.		
		Further work is being planned to:		
		• Improve access to antenatal education through online education, translated into a number of different languages, to support those unable to access other antenatal education provision		
		• Data analysis for those who book 'late' (after 12 weeks of pregnancy) to see if any work can be done to reduce this rate		
		Perinatal Mental Health Service:		
		• Offers an individual initial assessment and person-centred care plan based on individual needs and delivered collaboratively with them.		Kim Tiffney, Perinatal Mental Health Team, Glos Health & Care NHSFT
		• Each service user is allocated a lead Health Care Professional who is responsible for care plan.		
		• Care is supported through Multi-disciplinary Team meetings, caseload review meetings with lead Health Care Professional, reflective sessions, and safeguarding supervision sessions.		

		Clinicians work closely with other agencies/voluntary sectors and maintain good communication to ensure that safe and good quality of care is provided and to maintain the continuity of care		
	1C: When patients (service users) use the service, they are free from harm	**Cancer Services:** Gloucestershire residents are able to access high quality, safe healthcare. The Care Quality Commission has rated both main providers as 'Good'. In Primary Care settings, residents can also access good quality GP services, most of which are rated as either 'Good' or 'Outstanding'. • ***System Safety Group*** *established to:* – *Oversee the implementation of Patient Safety Incident Response Framework (PSIRF) at system level;* – *Help the system by being proactive;* – *Include digital safety;* – *Inspire safety culture across the ICS;* • Patient safety policies and procedures in place with all providers: additional needs are supported by LD Liaison Nurse Service; Admiral nurse for inpatients with dementia diagnosis; Transgender policy. • Embedded through Professional Registration, Staff mandatory training, Risk Assessments, Information Governance, DATIX reporting, Freedom to Speak Up Guardians, Duty of Candour. **Translation & Interpretation Services:**	2	ICS System Safety Group

		• Policies and procedures are in place to ensure NHS providers are compliant with contractual safety requirements – these are generic for all patients. • DATIX reporting reviewed and actioned. • Freedom to Speak Up Guardians, who support staff to speak up on issues relating to patient safety and the quality of care; staff experience and learning/improvement. • One Gloucestershire Quality Framework, Quality Strategy, Whistleblowing Policy support patient safety. • Translation & Interpretation Delivery Group will have oversight of the re-procured service, providing more scrutiny of the service.	2	
		Maternity Services: • Local Maternity and Neonatal System receive regular updates on quality and safety, including the quarterly Perinatal Quality Surveillance and Safety Report. This report provides detailed information on emerging safety concerns or activity to ensure safety with a two-way reflection of 'ward-to-board' insight across the multi-disciplinary, multi-professional maternity services team. It reflects actions in line with Ockenden Report and progress made in response to any identified concerns at provider level. • Maternity and Neonatal safety champions in post and meet bi-monthly, undertaking walkabouts of key areas of focus. They provide visible leadership and promote safe, personalised care, share learning and best practice from national research, local investigations and initiatives. • DATIX reporting – a daily review of all incidents rated moderate harm+ takes place to ensure we are responding to any potential safety concerns in a timely way. In addition, the introduction of hot and cold de-brief post incident to support staff health and wellbeing • Twice weekly MDT meeting to review incidents.	1.5	Clinical Quality Assurance Group Local Maternity and Neonatal System Board

- We have strengthened the quality and safety reporting both internally and externally to support an increase in learning from our incidents and patient feedback

NHS Gloucestershire Hospitals NHS Foundation Trust

Level 3 Safeguarding

	Band 2 and 3		Band 5		Band 6 and above		Junior Drs	Consultants	
	New starters	Current	New Starters	Current	New Starters	Current	New Starters	New Starters	Current
Component 1 Complete level 1 and 2 eLearning (for anyone needing Level 3, this is a once-only in your career)	During induction	Complete every 3 years	During induction	Complete ASAP if not completed within induction	During induction	Complete ASAP if not completed in Induction	Within first 3 months	During induction	Complete as soon as possible if not completed
Component 2 GSCP Interagency day (Level 3) (this is a once-only during employment at GHT)	n/a	n/a	During induction	Within next 3 months if not completed during induction	During induction	Complete Interagency day if not already completed	Within first 3 months	During induction	If not completed during induction
Component 3 GSCP module library (for midwives this is 4 hours of modules yearly)	n/a	n/a	4 hours within 3 months of starting in post	Complete 4 hours of GCSP modules	4 hours within 3 months of starting in post	If all other components completed, please complete 4 hours of GSCP modules every year	8 hours within initial 3 months	Complete 8 hours of modules of your choice from the GSCP site within the first year	Complete 4 hours each year from the GSCP site
Component 4 Maternity day	n/a	n/a	1 hour	1 hour completed before uplift to Band 6	1 hour	n/a	n/a	n/a	n/a
Component 5 Reflection (complete self-declaration when completed)	n/a	n/a	3 hours	3 hours prior to uplift to Band 6	3 hours	n/a	n/a	n/a	n/a
Total Hours/Year			16 hours	16 hours	16 hours	12-16 hours over 3 years	16 hours during 4-12 months	16 hours	12-16 hours over 3 years

- We have enhanced our safeguarding children training.
- We have a dedicated 'high risk' midwife.
- Increase staffing both midwifery and obstetric.
- Named midwife – safeguarding expanding the vulnerable women's offer for young mums under the age of 18, to include 18-20 year olds.
- Widened access routes and more structured approach to the Debrief Pathway for women who experience Birth Trauma.

| | | As part of the Black Maternity Matters collaborative (a co-produced project to improve the care of Black women in the Southwest Region), Gloucestershire LMNS are taking part in an anti-racism, quality improvement education and training programme examining a range of topics including unconscious biases and the role of the individual in perpetuating unsafe systems of care for Black women. The LMNS has funded Cultural Competency and Awareness training which was rolled out to approximately 120 staff across the LMNS, the majority of whom were from maternity services at GHFT. Training films are being developed in collaboration with Maternity and Neonatal Voices Partnership for mandatory training to be rolled out to professionals systemwide in 2023/24, to raise awareness of vulnerable pregnant women and services available to support women and professionals. One Gloucestershire statutory partners are working together to have one provider for Interpreting and Translating services across the ICS. As part of their Health Inequalities Fellowship, a midwife at GHFT has created a visible quick guide to booking an interpreter and increased awareness and uptake of the service. GHFT are celebrating Black History Month with events dedicated to showcasing the work of pioneering black women in health care. These include screenings and discussions about the importance of Black History Month, Allyship and being an anti-racist organisation. All qualifying HSIB/ MNSI and NHS Resolution's EN scheme reportable cases have been reported with all families receiving a letter informing them of any investigations in line with Regulation 20 of the Health and Social Care Act 2008 in respect to duty of candour. Perinatal Mental Health: Informed consent to share and treatment obtained from service users. | | Kim Tiffney, Perinatal |

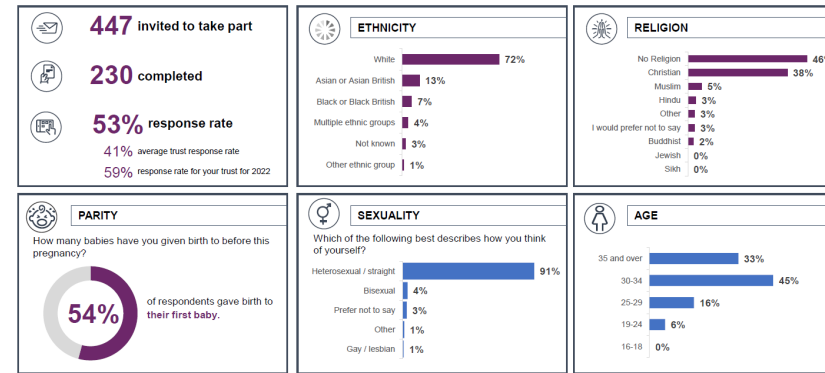|				
		– Regular safeguarding supervision sessions – Risks assessments carried out prior to appointments and expected to update regularly and whenever there is a change in presentation or risks. – Follow information governance and trust incident report. - Complaints and Serious incidents are recorded and analysed.		Mental Health Team, Glos Health & Care NHSFT

	1D: Patients (service users) report positive experiences of the service	**Cancer Services:** Working with people and communities Strategy: NHS Gloucestershire's system-wide approach ensures proactive engagement across diverse communities.
		• Patient experience information gathered through engagement is reported back to service leads and system partners.
		• Patient Experience data is gathered, monitored and acted upon:
		  - National cancer survey – high levels of satisfaction reported, although limited analysis by protected characteristics possible due to small numbers involved
		  - Patient experience data gathered via Friends and Family Test (FFT) – demographic data capture extended to provide greater breakdown of ethnicity; disability; carer
		  - Programme evaluation/wellbeing measures (PROMs) gathered via Macmillan Next Steps
		• Working closely with ICB Insights Manager to build relationships with local communities and groups, including plans for engagement work and cultural competency training for staff supporting events.
		• Public awareness campaigns involving the Cancer Patient reference group and local charities such as Maggies, Focus, Charlies and Macmillan. Aims to reduce stigma and fear about Cancer and encourage informal opportunistic conversations in a safe space.
		• Targeted campaigns include:
		  – Prostate cancer risk and awareness event with the African Caribbean Community.
			2	Cancer Clinical Programme Board
				
				Macmillan Next Steps Joint Service Lead
				
				Patient engagement and experience leads

		- Breast Cancer Awareness Events utilising the Information Bus with support from nurses, screeners, Macmillan Next Steps, Macmillan Information Hub and the Community Outreach Worker in Gloucester City. The events targeted deprived communities, ethnic minority communities (prevalence of late-stage diagnosis), the homeless community and the LGBT+ community. - Friendship Café event for the Asian women's group. - Bartongate Children's Centre event - female Afghani refugees, with support from GARAS. - All Nations Health and Wellbeing event attended by Prostate and Breast Nurses. - General awareness, risks and prevention with Nepalese soldiers - Patient Participation Group Network -highlighting focus of work to support earlier diagnosis across the county. **Translation & Interpretation Services:** - We are in the final phase of re-procuring one T&I service for spoken languages across One Gloucestershire partners. This will enable: - Continuity of interpreter (where preferred) - Improved access to services - Collection of robust feedback from people in our communities - Opportunity to promote service to local communities - Improved staff training - Negative feedback from Clinical Teams is collated by Contract leads and discussed at regular contract meetings, but this is predominately about the process/difficulties associated with securing the interpreter or specific language, rather than patient experience of the service. - Gloucestershire Health and Care NHSFT are in the process of introducing a QR code, so that when an appointment has taken place, the Deaf client will receive a text so they can send back some feedback.	1	Equality Leads/Contract holders across each organisation

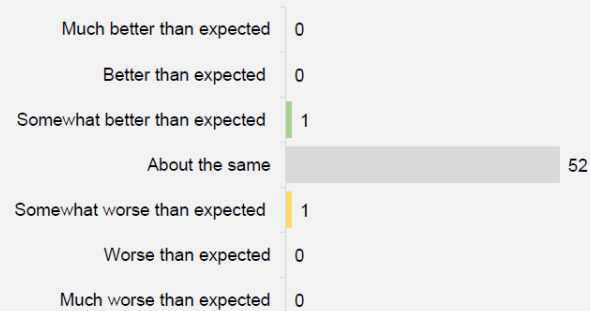|				
		• Working with Inclusion Gloucestershire, Gloucestershire Hospitals NHSFT have reviewed patient information leaflets and agreed which should be translated into Easy Read. Information to support patients in Shared Decision Making has been included on the back of each leaflet. **Maternity Services:** • As part of the Local Maternity and Neonatal System (LMNS) Equity and Equality action plan and in collaboration with the Maternity and Neonatal Voices Partnership (MNVP), engagement is being carried out with women, communities, and organisations with a view to coproducing interventions, e.g a working group has been set up in the Forest of Dean focussing on the requirements of Romanian women. Roadshows are planned in Cheltenham and Tewkesbury aimed at Health Visitors and Midwives to understand challenges around maternity care and suggested solutions. • Introduction of Maternity and Neonatal Experience Group created to ensure that experience data (including FFT, National Surveys, PALS) is reviewed and responded to. MNVP are members of this group. This group reports to Maternity Delivery Group and up to Quality and Performance Committee, a sub-committee of Trust Board • Feedback received via the MNVP is regularly reported to LMNS Board. • All national surveys, FFT and PALS insight is reported monthly to Quality Delivery Group, through to Quality and Performance Committee through to Trust Board by exception. • National Maternity Survey 2023 data gives us information about who, based on demographic data.	2	LMNS Board; Head of Patient Experience, GHNHSFT; Maternity and Neonatal Experience Group

Who took part in the survey?

This slide is included to help you interpret responses and to provide information about the population of maternity service users who took part in the survey.

447 invited to take part

230 completed

53% response rate

41% average trust response rate

59% response rate for your trust for 2022

ETHNICITY

White	72%
Asian or Asian British	13%
Black or Black British	7%
Multiple ethnic groups	4%
Not known	3%
Other ethnic group	1%

RELIGION

No Religion	46%
Christian	38%
Muslim	5%
Hindu	3%
Other	3%
I would prefer not to say	3%
Buddhist	2%
Jewish	0%
Sikh	0%

PARITY

How many babies have you given birth to before this pregnancy?

54% of respondents gave birth to their first baby.

SEXUALITY

Which of the following best describes how you think of yourself?

Heterosexual / straight	91%
Bisexual	4%
Prefer not to say	3%
Other	1%
Gay / lesbian	1%

AGE

35 and over	33%
30-34	45%
25-29	16%
19-24	6%
16-18	0%

Please note that demographic information is unweighted.

- Gloucestershire scored 'about the same' as other Trusts nationally in all sections of the survey. The breakdown against question is below

Comparison with other trusts

The **number of questions** in this report at which your trust has performed better, worse, or about the same compared with most other trusts.

Much better than expected	0
Better than expected	0
Somewhat better than expected	1
About the same	52
Somewhat worse than expected	1
Worse than expected	0
Much worse than expected	0

- The FFT data for maternity services through 22/23 and the overall Trust score is below

Care type		Q1	Q2	Q3	Q4	2022/23 Total
Maternity	Total Responses	213	209	228	263	913
	Positive score	83.6%	88.1%	88.2%	87.4%	86.9%
Trust	Total Responses	18,118	19,536	16,346	23,992	77,992
	Positive score	87.7%	89.2%	88.5%	92.4%	89.7%

- Patient stories are shared at Trust Board and these have included both maternity and neonatal stories.
- Introduction of a dedicated survey to understand the experiences of those accessing our Early Pregnancy Assessment Unit
- Introduction of telephone relay service for those women, birthing people and partners to make contact with our PALS team when English is not their first language
- .

Perinatal Mental Health:
- Friends and family test feedback regularly reviewed and reported.
- Feedback for group interventions is sought and evaluated.
- Core 10 Outcome measures are used. (Likely changing to Dialogue in line with Transformation of wider mental health services in the Trust.
- Positive feedback to clinicians is reported on Datix compliments.
- The service runs an Experts by Experience Meeting bi-monthly to seek opinion and opportunities for improvement.

Kim Tiffney, Perinatal Mental Health Team, Glos Health & Care NHSFT

| Domain 1: Commissioned or provided services overall rating | 8 | |

Domain 1: Commissioned or provided services

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)

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	Supporting the physical and psychological/mental wellbeing of staff is a priority for the Trust, and will be reflected in a new Workplace Wellbeing Strategy, launching in Q1 2024. A new role was created and appointed in October 2023 - Lead for Colleague Health & Wellbeing; to elevate the strategic focus on supporting staff wellbeing. A new Workplace Wellbeing Steering Group was established in January 2024 to enhance collaboration across contributors to the workplace wellbeing offer, whilst also providing governance and assurance of activities against the new Wellbeing Strategic Action Plan. The existing staff support offer is currently being reviewed as part of the design of the Wellbeing Strategy and linked Action Plan. Below outlines the current provision of support against the conditions outlined in 2A's criteria; but additionally, where relevant we have included reference to future plans to enhance support in these areas. **Obesity & diabetes:** • Intranet content on 'healthy eating' which signposts to national resources that support healthy eating. • Plan for introducing new initiatives to support physical wellbeing and healthy lifestyles, including potential for provision of free yoga sessions for staff, and a walking club **Asthma & COPD:** • GHT is a no smoking site • 'Smoke free' Policy • National 'No-Smoking Day' was recognised on 8th March 2023, with the Trust 'Tobacco Free Team' holding stands within the Hospital. • 'Smoking cessation' eLearning is available to all staff. • Intranet content signposts to support services to support smoking cessation	2	Head of Health & Wellbeing

Mental health conditions:
- 24/7 in-the-moment support is available to all staff through an Employee Assistance Programme.
- In-house Staff Psychology Service provide various resources to staff, including 1:1 support for work-related trauma.
- All staff can self-refer for a block of therapeutic support provided by the Employee Assistance Programme.
- A Staff Support and Advice service ('2020 Hub') provide 9-5 telephone, email and drop-in service for all staff to access.

It is recognised that there are opportunities to provide further support to staff to support both physical and psychological wellbeing including the health conditions mentioned. A bid is currently being drafted for the creation of a new role of 'Health-check Nurse', providing a service specifically for staff to support healthy lifestyles with advice on weight management, physical activity, smoking cessation, menopause, and other topics

Our goal is to ensure all staff, irrespective of their protected characteristics, experience at work to be free form abuse, bullying or harassment within the Trust. Various polices are in place to guide and provide support.

Relevant policies and support:
- Abuse, Aggression, /Unacceptable Behaviour Policy
- Mutual Respect policy
- Respectful Resolution materials and training
- Raising Concerns policy
- Mediation faculty
- Behaviour standards panel

| | | Disciplinary policy Equality Diversity and Inclusion policy Trans Care policy
We understand that our staff might face challenges in voicing concerns related to patient safety or staff experience. We actively promote an environment where staff can safely raise concerns. Doing so allows for timely resolution of issues and benefits both individuals and the trust. The trust currently has a full time Lead Guardian and 6 Guardians actively guiding colleagues to the appropriate support services. Acknowledging that some colleagues prefer anonymity, a lead speak up guardian has been appointed. | | |
| | | | | |

| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | One of the primary metrics for measuring this is the NHS Staff Survey. The data below from our 2023 Staff survey results, for the four questions most linked to this sub-domain, showing variance within the following protected characteristics: ethnicity, disability, and sexuality. Data with regards to physical Violence is yet to be published by the national team. | 1 | Equality, Diversity & Inclusion Lead |

Experienced:		2023	2022	2021	2020	2019
Harassment, bullying abuse from patients	White	26.4	28.4%	29.9%	27.0%	28.5%
	BME	32.%	31.8%	37.6%	32.7%	33.4%
Harassment, bullying abuse from staff	White	23.7	25.9%	26.5%	25.05	25.3%
	BME	30%	33.9%	34.6%	35.1%	29.9%

Experienced:		2023	2022	2021	2020	2019
Experienced discrimination from manager or colleague	White	6.8%	7.7%	7.7%	6.2%	5.9%
	BME	19%	23.6%	24.9%	23.6%	18.7%
Experience Physical violence from colleagues	White	National Data not available	1.1%	1.0%	0.7%	0.9%
	BME	National Data not available	4.4%	5.3%	4.1%	2.2%

Experienced:		2023	2022	2021	2020	2019
Harassment bullying abuse from patients	Disabled	33.0%	36.2%	33.6%	31.7%	35.0%
	Non-disabled	26.1%	27.0%	30.4%	26.9%	27.8%
Harassment bullying abuse from colleagues	Disabled	27.3%	28.3%	29.3%	26.1%	28.3%
	Non-disabled	19.3%	20.3%	20.5%	19.2%	17.8%

Experienced:		2023	2022	2021	2020	2019
Experienced discrimination from manager or colleague	**Disabled**	13.5%	14.8%	15.4%	12.8%	12.9%
	Non-disabled	8.3%	8.8%	7.5%	6.3%	5.4%
Experience Physical violence from colleagues	**Disabled**	National Data not available	1.5%	2.2%	1.5%	0.9%
	Non-disabled	National Data not available	1.8%	1.5%	1.0%	1.0%

Experienced:		2023	2022	2021	2020	2019
Harassment, bullying abuse from patients	**Straight**	27.3%	28.0%	30.5%	27.4%	29.0%
	Lesbian/Gay	32.4%	32.9%	28.7%	36.9%	36.7%
	Bisexual	29.5%	44.2%	42.7%	35.1%	39.6%
Harassment, bullying abuse from staff	**Straight**	-	21.2%	21.7%	20.0%	19.1%
	Lesbian/Gay	-	36.4%	32.2%	26.6%	27.1%
	Bisexual	-	25.3%	31.0%	28.1%	20.8%

Experienced:		2023	2022	2021	2020	2019
Experienced discriminated from managers	Straight	9.1%	10.0%	9.6%	8.0%	7.0%
	Lesbian/Gay	10.8%	20.5%	12.3%	16.9%	4.4%
	Bisexual	9.2%	15.7%	15.7%	12.3%	4.2%
Experience Physical violence from colleagues	Straight	National Data not available	1.7%	1.6%	0.9%	1.0%
	Lesbian/Gay	National Data not available	0.0%	2.3%	3.1%	5.1%
	Bisexual	National Data not available	4.3%	1.1%	1.8%	0.0%

- The Trust has a policy for bullying and harassment and assurance of unacceptable behaviour will not be tolerated.

- Staff have multiple avenues for reporting available to them, including their manager, Datix, HR, the Freedom to Speak Up Guardian Lead, and the EDI Team.

- A Behavioural Standards Panel meet on a weekly basis to examine instances of patient abuse and determine appropriate actions to address them.

- NHS England launched a sexual safety charter with key partners across the healthcare system in late 2023. Signatories to this charter commit to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, and to ten core principles and actions to help achieve this. The Trust is developing a Sexual Safety Policy and will sign up to the Charter in the near future.

| | | An Anti-discrimination Workstream group has been established to address the issue of discrimination. Areas we will focus are:

 • Improved experiences of our international recruits (not just limited to nursing)
 • Improved anti-racist practices
   o All leaders will be able to support colleagues in the event of racial abuse
   o All policies and procedures will robustly manage racism
   o All colleagues will be empowered to act on racism promptly and effectively | | |

| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | • The data, both locally at GHFT and nationally, highlights that staff are experiencing unacceptable behaviour. Multiple systems are currently in place and under development to address and mitigate this issue.

• One of the key elements of the Trusts EDI Action plan is to promote an inclusive, fair and safe environment. Our plan commits to taking a firm action to address harassment, bullying and discrimination towards staff.

• The Trust offers diverse support options for colleagues encountering adverse situations such as abuse, bullying, harassment, or physical violence. Our Mutual Respect and Respectful Resolution policy underscores our unwavering commitment to a zero-tolerance stance against all forms of bullying or harassment. To address discrimination, harassment, and bullying effectively, an Anti-discrimination Workstream Group has been established. This group is prioritising the development of a user-friendly reporting system, an updated intranet page for easy navigation on reporting procedures, and clear guidance on accessing emotional and wellbeing support if required.

• Freedom To Speak Up service: Presently, the Trust has a team of 5 dedicated Freedom of Expression Guardians, pivotal in directing colleagues towards suitable support services within the Trust. We acknowledge that our staff may encounter challenges in voicing concerns regarding patient safety or staff welfare. Therefore, we actively promote a culture where staff feel empowered to voice concerns in a secure environment. Voicing concerns not only facilitates prompt resolution of issues but also fosters continuous improvement in practices and procedures for both individuals and the Trust. Additionally, we now have a full-time Speak up Guardian and we are also in the process of recruiting a part-time Associate Guardian to further enhance our support structure. | 2 | Equality, Diversity & Inclusion Lead |

- We recognise that some staff may feel more comfortable in raising a concern through an anonymous service. Therefore, we have commissioned 'Speak in confidence'; an anonymous reporting tools that allows staff to interact with senior management or HR safe in the knowledge that they will remain anonymous unless they decide otherwise.

- Staff, led networks focusing on ethnic diversity, LGBTQ+ issues, disabilities/long-term health conditions, and menopause convene monthly. The network provides updates to the Equality, Diversity, and Inclusion Steering Group. These networks are highly regarded within the Trust for their expertise and contribute to the formulation and evaluation of Equality, Diversity, and Inclusion (EDI) initiatives.

- Wellbeing support is accessible for all staff. Staff also have the opportunity to utilise local, regional, and national wellbeing support services. Staff also have access to on-Site Psychological support.

- Anti-discrimination: We understand the importance of having easily accessible information on support available to staff which has led to our ongoing development of our intranet pages to enable for streamlined and up to date information. We are also continually developing our reporting mechanisms to ensure any trends are identified and immediate interventions are put in place

- Staff can also seek advice through the following channels:
- People/HR Advisory team
- Staff Side and Trade Union representatives/advice
- Equality Diversity and Inclusion Team
- Staff Advice and Support Service ('2020 Hub')
- Staff Inclusion Network: comprised of 3 sub-networks:
- Ethnic Minorities

| | | Disability and long-term conditions LGBTQ+ Respectful Resolution materials and training Mediation faculty Behaviour standards panel Policies: Abuse, Aggression, /Unacceptable Behaviour Policy Mutual Respect Policy Raising Concerns Policy Disciplinary Policy Equality Diversity and Inclusion Policy Trans Care Policy | | |

2D: Staff recommend the organisation as a place to work and receive treatment	Staff recommending the Trust as a place to work and as a place to receive care compared to 2022:	1	Equality, Diversity & Inclusion Lead
	• Recommend the Trust as a place to work. 46% (up from 43% in 2022).		
	• If a friend or relative needed treatment would be happy with the standard of care? 46% (up from 44% in 2022).		
	• Analysis of staff experiences from the Staff Survey is conducted based on protected characteristics to guide improvement strategies and track progress. This analysis is discussed within the Equity, Diversity, and Inclusion Steering Group		

Q25c - I would recommend my organisation as a place to work.

	2020	2021	2022	2023
Your org	64.3%	52.5%	43.0%	46.4%
Best	84.0%	77.8%	75.2%	77.1%
Average	67.0%	58.4%	56.5%	60.5%
Worst	46.4%	38.5%	41.0%	44.1%
Responses	3497	3869	4207	5441

Q25d - If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.
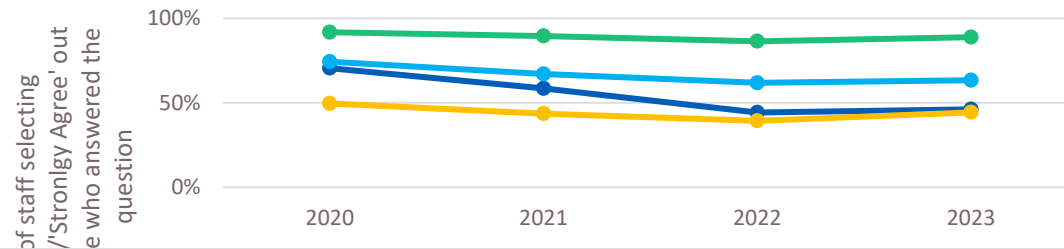
	2020	2021	2022	2023
Your org	70.5%	58.5%	44.2%	46.1%
Best	91.8%	89.5%	86.4%	88.8%
Average	74.3%	67.0%	61.8%	63.3%
Worst	49.6%	43.5%	39.3%	44.3%
Responses	3500	3866	4205	5442

Trust

Net Promoter Questions	Organisation	Female 20223	Male 2023
Q23c Would recommend organisation as a place to work	46.5%	43.1%	43.7%
Q23d If friend/relative needed treatment would be happy with standard of care provided by organisation	46.1%	44.6%	43.0%

Ethnicity

Net Promoter Questions	Organisation	White 2023	White 2022	White 2021	BME 2023	BME 2022	BME 2021
Q25c Would recommend organisation as a place to work	46.5%	42.8%	39.7%	51.6%	59.7%	55.6%	55.4%
Q25d If friend/relative needed treatment would be happy with standard of care provided by organisation	46.1%	42.5%	41.3%	57.3%	59.0%	54.5%	62.9%

Disabled and Non-Disabled

Net Promoter Questions	Organisation	Disabled 2023	Disabled 2022	Disabled 2021	Non-disabled 2023	Non-disabled 2022	Non-disabled 2021
Q23c Would recommend organisation as a place to work	46.5%	37.9%	36.8%	45.1%	48.8%	44.4%	54.4%
Q23d If friend/relative needed treatment would be happy with standard of care provided by organisation	46.1%	41.1%	37.3%	55.4%	47.7%	45.6%	58.8%

Sexuality

Net Promoter Questions	Organisation	Heterosexual/ Straight 2023	Heterosexual/ Straight 2022	Heterosexual/ Straight 2021	Gay/ Lesbian/ Bisexual/ Other 2023	Gay/ Lesbian/ Bisexual/ Other 2022	Gay/ Lesbian/ Bisexual/ Other 2021
Q23c Would recommend organisation as a place to work	46.5%	47.2%	43.5%	53.2%	37.3%	36.4%	G/L – 52.9% B – 51.7% O – 66.7%
Q23d If friend/relative needed treatment would be happy with standard of care provided by organisation	46.1%	46.8%	44.6%	59.0%	42.1%	40.8%	G/L – 47.7% B – 52.8% O – 73.3%

Age

Net Promoter Questions	Organisation	16-20	21-30	31-40	41-50	51-65	66+
Q23c Would recommend organisation as a place to work	46.5%	45.5%	49.2%	47.5%	46.5%	43.9%	47.6%
Q23d If friend/relative needed treatment would be happy with standard of care provided by organisation	46.1%	52.7%	42.4%	49.4%	47.2%	44.2%	51.2%

Religious Groups

Net Promoter Questions	Organisation	No religion	Christian	Buddhist	Hindu	Muslim	Sikh	Any other religion
Q23c Would recommend organisation as a place to work	46.5%	41.8%	50.3%	69.2%	64.0%	61.8%	53.8%	54.0%
Q23d If friend/relative needed treatment would be happy with standard of care provided by organisation	46.1%	41.4%	50.0%	69.2%	66.2%	58.0%	23.1%	47.0%

Domain 2: Workforce health and well-being overall rating	6

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)

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	• The Board displays a strong commitment to EDI and tackling health disparities, which is a core aspect of our Trust vision, "Best Care for everyone," With a focus to improve the health and wellbeing and experience of the people we serve. Our People Promise places a high priority on fostering an inclusive, equitable, and safe workplace, with a particular emphasis on integrating equality, diversity, and inclusion throughout all aspects of our operations. • Our Equality, Diversity, and Inclusion (EDI) action plan have integrated the Six High Impact Actions outlined by the NHS EDI improvement plan. • People Board receives reports on EDS, WRES, WDES, gender pay gap. • EDI-related matters are discussed within the EDI Steering Group, the People Board (as a standing item), and Board. • Enhancing the experience of all staff, including those with a particular protected characteristic, is a strategic goal for the organisation. • **Training & Support 2nd cohort of the Reciprocal mentoring programme** - matching staff from a range of services and with different protected characteristics with Senior Managers to become co-mentees for a 6-month period o Cohort 1: **(22 pairs, including 13 Executives & Non-Executive Directors)**	1.5	Cooperate Governance

o Cohort 2: **(17 pairs, including 6 Executive & Non-Executive Directors)**
o 2nd Cohort of Inclusive Allies Programme

The Trust Executives have participated in a number of activities between January 2023-March 2024 as follows:

Date	Evidence	Notes
22nd March 2023	Half day workshop	Trust against the NHS Equality Delivery System
21st September 2023	Chief Nurse and Director of Quality	International Nurses Welcome
28th September 2023	Chief Nurse and Director of Quality	Black Maternity Matters BSW Group.
19th October 2023	Chief Nurse and Director of Quality	Black History Month Event Royal College of Nursing
2023	Chief Nurse and Director of Quality	Mentoring Ethnic Minority Colleagues
17th January 2024	Chief Nurse and Director of Quality	Masjid E Noor Mosque Visit

		17th January 2024	Deputy CEO, Director for Safety and Medical Director	Masjid E Noor Mosque Visit		
		13th April 2023	Deputy CEO, Director for Safety and Medical Director	Iftar event for Ramadan		
		March 2024	Chief Executive Chief Nurse and Director of Quality Deputy CEO, Director for Safety and Medical Director	Iftar event for Ramadan		
		2023	Deputy CEO, Director for Safety and Medical Director	Interview and appointment of Associate Medical Director Engagement, Development, Inclusion within the Medical Directorate.		
		2023	Director for People & OD	EDISG bimonthly meetings and additional meetings.		
		February 2023	Director for People & OD	EDI Training		

2023	Director for People & OD	EDISG Workshop Planning	
2023	Director for People & OD	Staff Experience Improvement Programme Board	
2023	People & OD Group	PODG (Gender Pay Gap, WRES/WDES, Equality Report, etc.).	
2023/2024	Executive Team	Reciprocal Mentoring Programme	
27th March 2024	Chief Executive	Meet the Inclusion Network	
8th March 2024	CEO Communication Piece	Promotion of International Woman's Day	

As stated in the previous outcome evidence, Equality, diversity and inclusion, and health inequalities, have been raised as topics at the following Board and committee-level forums

- Typically, Equality Impact Assessment (EIA) are not mandated for board – level peers, except for policies undergoing oversight on scrutiny at that level. For major strategic initiatives, especially those who involve staff and

		public consultation, a thorough EIA analysis is generally conducted • EIAs are obligatory for all new policies and must be revisited whenever policies undergo updates. Policy owners can seek assistance with EIA from various sources, such as Policy Team, the EDI team and the guidance provided within the EIA document. • The dedicated EDI Steering Group reports to the People and OD Committee, which has notably intensified its focus on EDI over the past year, evident in the agendas and minutes. EDI is consistently featured as a standing item on Committee meeting agendas, with Chair reports presented at each Board meeting. In the past year, the Board has received updates on WRES, WDES and Gender Pay Gap. Additionally, equality matters have been addressed in the Staff Survey report to the Board. • WRES/WDES/Gender Pay Gap/ Staff Survey and Staff Engagement events have been used to develop action plans with monitoring via the EDI Steering Group. • This year the Trust EDI action plan aligned to the National EDI 6 High Impact EDI Improvement plan. **The EDI priority for the Trust:** 1. Recruitment and EDI principles 2. Anti – Discrimination		

| | | 3. Allyship – Leadership Practices

Objectives:
1. To provide all colleagues with the knowledge, skills and resources to empower them to incorporate EDI into our daily activities
2. To create and grow a culture of belonging for all colleagues and embed our anti-discrimination principles
3. To ensure that EDI is the cornerstone of all policies, processes and decision making for colleagues and patients.

Trust Actions 2024:
Action 1 – Board Requirements
Action 2 – Internationally Educated Colleagues
Action 3 - Training Requirements and Priorities
Action 4 – EDI Team Actions
Action 5 – Recruitment
Action 6 – Staff Experience Improvement Programme – Inc Anti – Discrimination Workstream
Action 7 – Patient and Colleague EDI Collaboration / Health Inequalities
Action 8 –Divisional EDI Improvement Plans and Action Planning | | |

	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	• Updates on workforce-related plans, monitored through the EDI Steering group and People and OD Group, are presented to the Board/Committee. • The Board/Committee reviews detailed EDS/WRES/WDES/GPG reports	1	Cooperate Governance
		9th March 2023 – DL covered EDS22 in CEO briefing		
		9th November 2023 – In CEO Briefing, DL commented on the correspondence from the Health and Social Care Secretary Steve Barclay requesting that NHS organisations stop recruiting to EDI roles.		
		9th November 2023 – WRES/WDES Taken to Board.		
		14th March 2024 – Gender Pay Gap taken to Board		

		• Health Inequalities regularly discussed at ICB Board meetings
		  o 15 separate references to EDI/Inequalities as part of the non-standard Board items across Public and Confidential sessions
		  o 5 Patient Stories (every meeting apart from extraordinary Board).
		  o Health Inequalities clearly referenced in Board Assurance Framework		

	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	Annual EDI Reports are reviewed by the Board and System leaders • Workforce Race Equality Standards (WRES) • Model Employer • Workforce Disability Standards (WDES) • Impact Assessments • Gender Pay Gap Reporting • Ethnicity Pay Gap • Accessible Information Standards • Equality Delivery System ICS-wide Reciprocal Mentoring Scheme mobilised in 2023 for-staff with a protected characteristic. **Tools to Support Staff across the system** GCC colleagues have launched the Prevention & health Inequalities hub. The hub is an online compendium of information, resources, and practical tools to help people to better understand and take action to improve health equity in their areas of work. It includes tools such as: • Health Equality Assessment Tool (HEAT) • Health Equity Audit (HEA) • Health Impact Assessment (HIA) The Hub can be found here: www.gloucestershire.gov.uk/PHI-Hub	1	

		The ICB Board considered a draft Inequalities Framework at its February development session		
Domain 3: Inclusive leadership overall rating			3.5	

Third-party involvement in Domain 3 rating and review	
Trade Union Rep(s): **Rayna Kibble, Staff-Side Chair (Unison representative) 22/03/24**	**Independent Evaluator(s)/Peer Reviewer(s):** **Tania Hamilton, EDI Lead – Gloucestershire Health & Care NHS Foundation Trust 11/04/24**

Domain 1 Commissioned or Provided Services overall score = 8
Domain 2 & 3 Overall Score 9.5

EDS Organisation Rating (overall rating): 17.5

Organisation name(s): Gloucestershire Hospital NHS Foundation Trust

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**
EDS Sponsor		**Authorisation date**

Domain	Outcome	Objective	Action	Completion date

Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Reduce health inequalities and provide equity of access.	• Further data analysis is underway for cancer services to improve identification of variation and link further datasets to improve data quality. • Initial plans have begun to implement the Multi Cancer Blood Test Programme. Patients aged 50 to 77 will be identified through NHS records and invited to give a blood sample that has the potential to detect multiple types of cancer. Six sites have been identified across the county to provide more local access for tests. • Work to provide consistency and clarity of the maternity offer for labour and delivery.	
	1B: Individual patients (service users) health needs are met	Ensure equity of access	Review compliance with the Accessible Information Standard and ensure: • additional training and support for staff • sharing of information across the system via the Joining up your Information (JUYI) system;	

	1C: When patients (service users) use the service, they are free from harm	Understand our data and identify inequity.	• Ensure the systems in place to assure safety are embedded across the maternity pathway. • Further improvements are made to equality data recording, in order to achieve consistency.	
	1D: Patients (service users) report positive experiences of the service	Collect feedback on our Translation and Interpretation Services	• Establish mechanisms for gathering patient experience of translation and interpretation services and explore innovation in improving access and visibility of the service. • There is excellent engagement work undertaken, but further improvements to equality data recording will assure there is a consistently good patient experience is reported across all protected characteristics.	

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 ensure proper coordination of support for wellbeing and to provide guidance on the mentioned conditions, as well as enhance the visibility of the wellbeing service	• Increase Awareness and Utilisation of health and wellbeing Support • Implement communication strategies to inform staff about existing support within the organisation. • To Ensure Managers/leaders across all levels of the organisation are aware of and promote access to healthcare services. • Develop targeted outreach initiatives to reach underrepresented and educate them on health and wellbeing and sign post to relevant resources.	Ongoing

2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Develop strategies to encourage and support staff to report incidents of abuse, harassment, bullying and physical violence.	• Transition to a Zero Tolerance Culture for Bullying, harassment, Abuse • Implement a comprehensive Anti-discrimination Policy and Training • Establish and Promote Zero Tolerance against discrimination, bullying and harassment • Ensure the visibility of anti-discrimination action plan across all areas of the Trust, through clear communication and dissemination. • Strengthen Confidence in Incident Reporting and Response Procedures	2023 - Ongoing
2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Work to build staff confidence in the reporting process, particularly regarding implementation of actions taken and extracted	• Sustain and Strengthen Confidence in Reporting Channels through Consistent Organisational Responsiveness and Feedback, with a focus on addressing bullying harassment and Discrimination.	

2D: Staff recommend the organisation as a place to work and receive treatment	Increase from 43% in 2022 to 46%	Increase of 3%. Continue to Improve the percentage of staff recommending the Trust as a place to work or receive treatment Revise the plan for staff experience based on the findings of the 2023 staff survey, outlining key initiatives to enhance targeted areas and address protected characteristics	Ongoing

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 further enhance Board members awareness and understanding of equality and health inequalities, creating confident and competent Board member	• To provide learning and development opportunities for Senior leaders e.g. Inclusion Allies and Reciprocal mentoring.	Quarter 2 onwards 2024/25
			• Every Board and Executive team member must have EDI objectives that are SMART and be assessed against these as part of their annual appraisal.	2023 - Ongoing
			• Promote board involvement in Cohort 2 of the Reciprocal Mentoring Programme, spanning from 2022/2023 2024.	
			• Cohort 3 to begin in 2024	Ongoing
			• Ensure the EDI is on committee agendas	Ongoing
			• Additional dedicated session for Board development focusing on WRES (Workforce Race Equality Standard) and action planning.	Ongoing

				To include health inequalities as part of topics within proposed senior leadership conference	Ongoing
				Board Members, to take proactive steps to integrate organisational data and personal experiences into initiatives aimed at enhancing cultural improvement.	Ongoing
				Conduct thorough reviews of pertinent data within NHS boards to identify areas of concern related to Equality, Diversity, and Inclusion (EDI), and prioritise actionable steps accordingly.	Ongoing
				Ensure that progress is continuously tracked and monitored through the Board Assurance Framework.	2023 - Ongoing
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	To provide clear evidence that the ICB is embedding its approach consideration of health inequalities in all service improvement activities	To work with the PMO to collate best practice, case studies and health equality impact assessments.		2024/25
			To ensure the risks are managed as part of our core governance processes	Continue to monitor risks through ICB Board Assurance Framework		On-going throughout 2024/25

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 improve visibility of the ICB's progress and performance on health inequalities	Finalise Board approval of the Health Inequalities Framework.	June 2024
		Ensure Board oversight of progress through regular review of the health Outcomes Framework comparing Gloucestershire both nationally and to our peer group comparator.	On-going throughout 2024/25
		To publish key evidence and progress on the Trust website, WRES/WDES/GPG/Equality report	Ongoing
		Review relevant data to establish EDI areas of concern and prioritise actions. Progress will be tracked and monitored via the Board Assurance Framework.	Ongoing

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